

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000052956 (7)

1. Corporation Name
CORNICHE TRADING CORP.

Principal Place of Business
300 SE 5TH AVE., APT. 2080
BOCA RATON FL 33432

Mailing Address
300 SE 5TH AVE., APT. 2080
BOCA RATON FL 33432-5059



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1994		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0505140		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KLISLIN, ARIK 300 SE 5TH AVE. APT 2080 BOCA RATON FL 33432				81 Name KISLIN, ARIK			
CORRECT SPELLING →				82 Street Address (P.O. Box Number is Not Acceptable) 300 SE 5TH AVE. APT 2080			
				83			
				84 City BOCA RATON FL 85 Zip Code 33432			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
11 TITLE KISLIN, ARIK				11 TITLE KISLIN, ARIK			
12 NAME 300 SE 5TH AVE., APT 2080				12 NAME 300 SE 5TH AVE. APT 2080			
13 STREET ADDRESS BOCA RATON FL				13 STREET ADDRESS BOCA RATON FL 33432			
14 CITY-ST-ZIP				14 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
21 TITLE				21 TITLE			
22 NAME				22 NAME			
23 STREET ADDRESS				23 STREET ADDRESS			
24 CITY-ST-ZIP				24 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
31 TITLE				31 TITLE			
32 NAME				32 NAME			
33 STREET ADDRESS				33 STREET ADDRESS			
34 CITY-ST-ZIP				34 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
41 TITLE				41 TITLE			
42 NAME				42 NAME			
43 STREET ADDRESS				43 STREET ADDRESS			
44 CITY-ST-ZIP				44 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
51 TITLE				51 TITLE			
52 NAME				52 NAME			
53 STREET ADDRESS				53 STREET ADDRESS			
54 CITY-ST-ZIP				54 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
61 TITLE				61 TITLE			
62 NAME				62 NAME			
63 STREET ADDRESS				63 STREET ADDRESS			
64 CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)