FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000055739 (4)**

1. Corporation Name
CAPTIVA TRADING, INC.

Principal Place of Business	Mailing Address
9100 S. DADELAND BLVD. SUITE 1001 MIAMI FL 33156	9100 S. DADELAND BLVD. SUITE 1001 MIAMI FL 33156

2. Principal Place of Business
21 6950 N. Kendall Dr
State, Apt. #, etc.
22
City & State
23 Miami
Zip 24 33156 County 25 Dade

2a. Mailing Address
26 6950 N. Kendall Dr
Suite, Apt. #, etc.
27
City & State
28 Miami FL
Zip 29 33156 Country 30 Dade

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report: 01/25/1995
4. FEI Number: 65-0509783 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

DEARR, CRAIG R
6950 N. KENDALL DR.
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, the Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS

Field	Entry	Delete
TITLE	D	[X] DELETE
NAME	GOOCH, WILLIAM	
STREET ADDRESS	64 ALTON ROAD BOX 48	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		[ ] DELETE
TITLE		[ ] DELETE
TITLE		[ ] DELETE
TITLE		[ ] DELETE
TITLE		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change / Addition
1 TITLE	Director	[X] Change [ ] Addition
1 NAME	Gooch, William	
1 STREET ADDRESS	~~[illegible] Blvd~~	
1 CITY-ST-ZIP	~~Ft. Myers, FL 33908~~	
2 TITLE	~~Sec~~	[ ] Change [ ] Addition
2 NAME	14490 Vista River Dr.	
2 STREET ADDRESS	Ft Myers, FL 33908	
3 TITLE	Sec'y	[ ] Change [X] Addition
3 NAME	Gooch, Maria Pia	
3 STREET ADDRESS	14490 Vista River Dr	
3 CITY-ST-ZIP	Ft Myers, FL 33908	
4 TITLE		[ ] Change [ ] Addition
5 TITLE		[ ] Change [ ] Addition
6 TITLE		[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: [signature] William Gooch — 16 April 96 — 941-481-24-30
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)