


FILED

Apr 28 1997 8:00am
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1997</div> <div></div> <div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>APR 28 1997 8:00am</div> <div>Secretary of State</div>	
DOCUMENT # P94000059919			
1. Corporation Name POLANELLA TRADING CO., INC.			
Principal Place of Business 780 NW 42ND AVENUE #617 MIAMI FL, 33126		Mailing Address 780 NW 42ND AVENUE #617 MIAMI FL, 33126	
2. Principal Place of Business		3a. Date of Last Report	
21 State, Apt. #, etc.		4. FEI Number	
22 City & State		65-0511924	
23 Zip		5. Certificate of Status Desired	
24 Country		8-15-1994	
25		3a. Date of Last Report	
26		4-2-96	
27		6. Election Campaign Financing	
28		Trust Fund Contribution	
29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
30		XX Yes	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LUIS M. LLEONART 780 N.W. 42ND AVENUE #617 MIAMI FLORIDA, 33126		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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
(NOTE: Registered Agent signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE		11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
11 TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
11 TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
11 TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
11 TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
11 TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	
14. I further 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 and dated 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: MARIA CLAUDIA PANELLA SECRETARY			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			

CR2E034 (9/96)