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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF REVENUE Sandra B. North Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000060383 (4) 1. Corporation Name SCANICE TRADING, INC.					
Principal Place of Business 8120 N.W. 66TH STREET MIAMI FL 33166			Mailing Address 1525 N. L' STREET LAKE WORTH FL 33460-1947		
2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 08/17/1994 3a. Date of Last Report 04/12/1996 4. FEI Number 65054706 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PUURTINEN, ISMO 1525 NORTH L STREET LAKE WORTH FL 33460				10. Name and Address of New Registered Agent 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. Signature of Registered Agent PUURTINEN, ISMO 13. Signature of Officer or Director PUURTINEN, ISMO	
12. OFFICERS AND DIRECTORS 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY- ST- ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY- ST- ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY- ST- ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY- ST- ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY- ST- ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY- ST- ZIP 25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY- ST- ZIP 29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY- ST- ZIP 33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY- ST- ZIP 37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY- ST- ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY- ST- ZIP 45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY- ST- ZIP 49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY- ST- ZIP 53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY- ST- ZIP 57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY- ST- ZIP 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY- ST- ZIP 65. TITLE 66. NAME 67. STREET ADDRESS 68. CITY- ST- ZIP 69. TITLE 70. NAME 71. 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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: PUURTINEN, ISMO Puurtinen 4/30/97 954-977-4282 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)