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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000060502 (9)

1. Corporation Name
INTERNATIONAL TRADING EXPRESS CORP.



Principal Place of Business
6991 N.W. 50TH STREET
MIAMI FL 33166

Mailing Address
6991 N.W. 50TH STREET
MIAMI FL 33166-5633

3. Date Incorporated or Qualified 08/17/1994	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0516109	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" 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 type="checkbox"/> No	

2. Principal Place of Business 21 7809 N.W. 72 AVE Suite, Apt. #, etc.	2a. Mailing Address 26 7809 N.W. 72 AVE Suite, Apt. #, etc.
22 City & State 23 MIAMI FL Zip 24 33166	27 City & State 28 MIAMI FL Zip 29 33166
25 DADE	30 DADE

9. Name and Address of Current Registered Agent
NIEVES, ELEAZAR
6991 N.W. 50TH STREET
MIAMI FL 33166

81 Name NIEVES, ELEAZAR
82 Street Address (P.O. Box Number is Not Acceptable) 7809 N.W. 72 AVE
83
84 City MIAMI
85 FL
86 Zip Code 33166

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 to 7809 N.W. 72 AVE, 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]* (NOTE: Registered Agent signature required when re-stating) DATE: 04/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETE <input checked="" type="checkbox"/>	1.1 TITLE PD	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME NIEVES ELEAZAR		1.2 NAME NIEVES, ELEAZAR	
STREET ADDRESS 6991 NW 50 ST.		1.3 STREET ADDRESS 7809 N.W. 72 AVE	
CITY- ST- ZIP MIAMI FL		1.4 CITY- ST- ZIP MIAMI FL. 33166	
TITLE	DELETE <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied in 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 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 as an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE: 04/18/97 DAYTIME PHONE: (305) 883-2227

CR2E034 (9/96)