

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY - 1 09 1995

TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060665 (4)**

1. Corporation Name

SURMOUNT TRADING CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1000 BRICKELL AVE. SUITE 620 MIAMI FL 33131	Mailing Address 1000 BRICKELL AVE. SUITE 620 MIAMI FL 33131
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3. Date Incorporated or Qualified 08/17/1994	3a. Date of Last Report
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2. Principal Place of Business 21 6733 N.E. 3rd. Ave Suite, Apt. #, etc.	2a. Mailing Address 26 6733 N.E. 3rd. Ave Suite, Apt. #, etc.	4. FEI Number 65-0528677	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 MIAMI, FL City & State	28 MIAMI, FL City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33138 Zip	25 Country	29 33138 Zip	30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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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: Name of current or new registered agent and title if applicable) _____ (Date)

(Signature: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE 0 / PRESIDENT	NAME SACASA, ALBERTO S	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6733 N.E. 3RD AVE.	CITY ST ZIP MIAMI FL 33138	12 NAME	
TITLE	NAME	13 STREET ADDRESS	
STREET ADDRESS	NAME	14 CITY ST ZIP	
CITY ST ZIP	NAME	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	22 NAME	
STREET ADDRESS	NAME	23 STREET ADDRESS	
CITY ST ZIP	NAME	24 CITY ST ZIP	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	32 NAME	
CITY ST ZIP	NAME	33 STREET ADDRESS	
TITLE	NAME	34 CITY ST ZIP	
STREET ADDRESS	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP	NAME	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	NAME	44 CITY ST ZIP	
CITY ST ZIP	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	52 NAME	
STREET ADDRESS	NAME	53 STREET ADDRESS	
CITY ST ZIP	NAME	54 CITY ST ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	62 NAME	
CITY ST ZIP	NAME	63 STREET ADDRESS	
		64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Alberto S. Sacasa* **4-27-95** (905) 757-9225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)