SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000061551 (5)

1. Corporation Name

SAVCO TRADING, INC.

Principal Place of Business	Mailing Address
169 EAST FLAGLER ST. 1431 MIAMI FL 33131 US	169 EAST FLAGLER STREET 1431 MIAMI FL 33131 US

2. Principal Place of Business: 21 4080, Cocoplum Circle
Suite, Apt #, etc: 22
City & State: 23 Coconut Creek FL
Zip: 24 33063 Country: 25 U.S.A

2a. Mailing Address: 26 4080, Cocoplum Circle
Suite, Apt #, etc: 27
City & State: 28 Coconut Creek. FL.
Zip: 29 33063 Country: 30 U.S.A

3. Date Incorporated or Qualified: 06/22/1994
3a. Date of Last Report: 06/22/1995
4. FEI Number: 65-0512831 [ ] 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 [ ] No

9. Name and Address of Current Registered Agent

LEMOS, VASCO BRUNO
1332 AVON LANE #1031
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent
81 Name: Vasco Bruno Lemos
82 Street Address (P.O. Box Number is Not Acceptable): 4080, Cocoplum Circle
83
84 City: Coconut Creek FL 85 Zip Code: 33063

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] 07/31/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	[ ] DELETE	1.1 TITLE	D.PR. [X] Change [ ] Addition
NAME	LEMOS, VASCO B		1.2 NAME	
STREET ADDRESS	1332 AVON LANE #1031		1.3 STREET ADDRESS	4080, Cocoplum Circle
CITY-ST-ZIP	NORTH LAUDERDALE FL		1.4 CITY-ST-ZIP	Coconut Creek. FL. 33063
TITLE	DP	[ ] DELETE	2.1 TITLE	D.P [X] Change [ ] Addition
NAME	LEMOS, MARILENE F		2.2 NAME	
STREET ADDRESS	1332 AVON LANE #1031		2.3 STREET ADDRESS	4080 Cocoplum Circle
CITY-ST-ZIP	NORTH LAUDERDALE FL		2.4 CITY-ST-ZIP	Coconut Creek. FL. 33063
TITLE		[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
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 with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 07/31/96 (954) 974.4494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (3/96)