

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mayfield
Secretary of State

APPROVED
AND
FILED

10/24/1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078620 (9)**

D.L. TRADING, INC.

2. Home office address		2a. Mailing Address		3. Date incorporated or qualified		3a. Date of last report	
9270 E. BAY HARBOR DR., SUITE 10-A MIAMI FL 33154		9270 E. BAY HARBOR DR., SUITE 10-A MIAMI FL 33154		10/24/1994			
21. State of incorporation	26. Mailing Address	4. FIC Number		Applied for		Not Applicable	
FL		65-0522828					
22. State of office	27. City & State	5. Certificate of State Demand		X		\$8.75 Additional Fee Required	
FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. City	28. Zip	8. This corporation has failed, for a period of 90 days, to file its annual report as required by Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No			
24. City	25. State	29. City	30. State				

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOES, DILMA 9270 E. BAY HARBOR DR., SUITE 10-A MIAMI FL 33154				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State			
				FL 85. Zip Code			

11. I, the undersigned, the president of the above named corporation, hereby certify that the above named corporation has changed its registered office as indicated in part 9 of this report. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida. (See Section 607.09(1), Florida Statutes.)

SIGNATURE: *Dilma Loes* **DILMA LOES** PRESIDENT 4/12/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	LOES, DILMA	1. NAME	PRESIDENT LOES DILMA
2. STREET ADDRESS	9270 E. BAY HARBOR DR., SUITE 10-A	2. STREET ADDRESS	
3. CITY	MIAMI FL 33154	3. CITY	
4. STATE		4. STATE	
5. NAME		5. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY		7. CITY	
8. STATE		8. STATE	
9. NAME		9. NAME	
10. STREET ADDRESS		10. STREET ADDRESS	
11. CITY		11. CITY	
12. STATE		12. STATE	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	
16. STATE		16. STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.09(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and I do not understand that any corporation shall incur the same responsibility and make under this filing as if it were a director of the corporation or that any officer or director responsible to execute this report or required by Chapter 607, Florida Statutes, does not incur the same responsibility as if he or she were a director of the corporation.

SIGNATURE: *Dilma Loes* 4/12/95 (305) 499-9940