

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 21 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 # P94000086809 (8)

1. Corporation Name

IDEAL TRADING CORP.

Principal Place of Business

Mailing Address

7520 REPUBLIC DR.
SUITE 110
ORLANDO FL 32819

7520 REPUBLIC DR.
SUITE 110
ORLANDO FL 32819-8997



2. Principal Place of Business	2a. Mailing Address
21 5135 INTERNATIONAL DR	26 5135 INTERNATIONAL DR.
22 SUITE 3	27 SUITE 3
23 ORLANDO-FL-32819	28 ORLANDO-FLORIDA
24 32819	29 32819
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
11/28/1994	05/01/1996
4. FEI Number	Applied For
59-3301976	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ALVES, RICARDO LUIS
7440 HERRICK'S LOOP
SUITE 110
ORLANDO FL 32835

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	ALVES, NILCIENE MARCI	
STREET ADDRESS	7440 HERRICK'S LOOP	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	ALVES, RICARDO LUIS	
STREET ADDRESS	7440 HERRICK'S LOOP	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALVES, NILCIENE MARCI	
1.3 STREET ADDRESS	7704 CLEMENTINE WAY	
1.4 CITY-ST-ZIP	ORLANDO FL. 32819	
2.1 TITLE	TVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALVES, RICARDO LUIS	
2.3 STREET ADDRESS	7704 CLEMENTINE WAY	
2.4 CITY-ST-ZIP	ORLANDO FL. 32819	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 its registered 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 in an attachment with an address.

SIGNATURE:

RICARDO LUIS ALVES 04/13/97 (407) 2475442

CR2E034 (9/96)