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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091650 (9)

TRANSWORLD TRADING INTERNATIONAL, INC.

Princip	al	Place	of	Business

Mailing Address

FILED May 02 1997 8:00am Secretary of State



8545 MAGELLA UNIT 855 AVENTURA FL 2. Principal P. 21		P.O. BOX 800510 MIAMI FL 33280-0510 28. Mailing Address 26 P. O. 3	ox 800510	3. Date Incorporated or Qualified 01/01/1995 4. FEI Number 65-0237987 65-03	05/01/	Last Report 1996 Applied For Not Applicable
Suite, Apt.	*, etc. 7315	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State		City & State 28 MIAMI	FL	Election Campaign Financing Trust Fund Contribution	r	5.00 May Be Added to Fees
Zip 33	/80 Country	29 Zip 33280	Country 30	This corporation has liability for Florida Statutes	intangible tax t Yes \[\] No	
	9, Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Ager	nt
	ALAMENA AVENUE		81 Name	STAUD OPPEL		
	WL 44/2000 FE 00101		83 84 City/	oress (P.O., Box Number is Not Acceptate 4.8 Macellan Calle N TURA	FL 85	250 Code 35180
office or n agent. I a SIGNATURE	egistered agent, or frolin, in the State on the state of the state of the obligation of the state of the stat	of Florida, Such change was attions of, Section 607,0505, Flor t and title if applicable (NOTE)	Athorized by the corpora ida Statutes. Hegistered Agent signature requ		pt the appoints $A q q$	nent as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPPEL, GUSTAVO E 3545 MAGELLAN CIRCLE #355 AVENTURA FL	DELETE	1 1 TIFLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-7IP		U	Change L_ Addilìon
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS			Change Addition
TITLE NAME STREET ADDRESS		DELETE	2. 4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS			Change Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	3.4. CITY-S1-ZIP 4.1 TITLE 4. 2 NAME			Change Addition
STREET ADDRESS CITY+ST-ZIP TITLE		DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE			Change Addition
NAME Street address City-St-Zip			5.2 NAME 5.3 STREET ADDRESS 5.4 CHY+S1-ZIP			
TITLE NAME STREET ADDRESS		[_] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADORESS			Change Addition
CITY-ST-ZIP	by certify that the information supplied	with this filing does not qualify	6.4 CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statute	s I further cer	tify 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 of 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 an an attachment with an address.

SIGNATURE: ✓

49 97

657-2155