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

PROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000092915 (5)

FILED May 01 1998 8:00am Secretary of State

US EXI	P ort trading, inc.						
Principal Plac	e of Business	Mailing Addre	555		······································		TITI BUTTA LALIM TEUTU ODLOT 14601 BITE TOUT
5125 ARBOR LAKE WORTH US	GLEN CIRCLE I FL 33463	5125 ARBOR GLEN CIRCLE LAKE WORTH FL 33463 US				3. Date Incorporated or Qualified	E IN THIS SPACE
9 Principal P	lace of Business	2a. Mailing Ac	Idrose			12/21/1994 4. FEI Number	Applied For
	Socen Blvd	26 P 0	BOX	. 3	196	65-0549500	Applied For Not Applicable
Sulte, Apt.	#. etc.		Suite, Apt. #, etc.				CO 75 Additional
22	408	27	27			5. Certificate of Status Desired	Fee Required
City & Stat		City & Stal 28 んみん	ก พงค		FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	700		Countr		8. This corporation owes or has p	
24	3480 25 USA	29 339		30	USA	Personal Property Tax due Jun	
	9, Name and Address of Curren	t Registered Agen	<u></u>	81		10. Name and Address of New R	egistered Agent
3 1 LAI	Prkiakoski, jari IHURLOW drive Ntana Fl 33462			82 83	Street Add 357		FL 85 Zip Code
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		and which has the					
12.	Signature, typed or printed name of toglidered age OFFICERS AND		INGH:	13.	lou; siðustris todn	ured when rainstating) ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
TITLE	D	and the second second second	DELETE	1 1 TITLE		Application of the state of the	Change Addition
NAME	KORKIAKOSKI, JARI			12 NAME			3
STREET ADDRESS	-5125 ARBOR OLEN CIRCLE-	3575 50	com		LADDRESS		6
CITY-ST-ZIP	LAKE WORTH FL RIVA	l#408 PM	M Berc	1.4 CHY-	ST-ZIP		ic
TITLE	FL	33480 I	DLLETE	2.1 TITLE			Change Addition
NAME				2.2 NAME			
STREET ADDRESS				23 STREE	T AODRESS	.	
CITY-ST-ZIP				2. 4 CITY-	-S1 - ZIP		
TITLE		L.J	DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				-	T ADDRESS		
CITY-ST-ZIP TITLE			DLLETE	3.4 CITY-	- ST - ZIP		Change Addition
NAME		ب	(ACC)E	4 2 NAME			CHOUSING CHARGINA
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP	,			4.4 CiTY-			
TITLE			DELETE	5.1 TITLE	21-71		Change Addition
NAME		_		5.2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				5.4 CHY-			İ
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADORESS				6.3 STREE	1 ADDRESS		
CITY-ST-ZIP				6.4 CITY-			.
	certify that the information supplied wi	ith this filma does n	ot qualify for			Section 119.07(3)(i), Florida Statutes.	further certify that the information

indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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 on an attactment with an address.