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

ANNU	PROFIT PORATION AL REPORT 1996		FLORIDA DEPARTM Sandra B M Secretary of DIVISION OF COR	Mortham of State				
	MENT# PC	150000						
TRAN	is peru -	TRADING	CORPOR	ATTON				
Principal Place	of Business	Mailing	Address					
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2. Principal Pla	ice of Business		ailing Address 8536 Sル	N 107 A	4. FEI Number	85255	-	Applied For Not Applicable
Suite, Apt. #		Sui	ite, Apt. #, etc.		5. Certificate of			75 Additional
City & State	1	27 Crit	y & State		6. Election Cam	paign Financing		e Required .00 May Be
23	MAI FC	28	M, sea, 1	- <u>L</u>	Trust Fund C	ontribution	Li Ad	lded to Fees
Zip 24 331	Country 7.3 25 U.	Z. A. 29	33173 3	Country U.S. A	Florida Statut	non has liability for in les 🔲 Yes		rs 199.032,
	9. Name and Address	of Current Registere	ed Agent	81 Name	10. Name and A	Address of New Ro	egistered Agent	
•					CARLOS Idress (P.O. Box Numb		1B, marca	3
				8	2536 S. W			
				83	10. D1	1		
	, '			84 City	L 4	,	65	Zic Code
1					Minni	7	- I-L.	3/0ファー
11. Pursuant to	o the provisions of Section	s 607.0502 and 607.15	508, Florida Statutes, ti anne was authorized b	he above-named corp	poration submits this stronger of directors. I here	atement for the purp	pose of changing i	ts registered office
11. Pursuant to or registers tamiliar wit	ed agent or both in the St	s 607,0502 and 607,15 late of Florida Such chi las of Section 607,050	ange was authorized b	he above-named corp by the corporation's b	poration submits this st	atement for the purpliby accept the appo	oose of changing i	ts registered office
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CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is 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 in changed, or on an attachment with an address.

SIGNATURE: 🔄

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

429/96 (3-5)274 982