SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000003314 (8) I. M. TRADING, INC. Mailing Address Principal Place of Business 6582 INTERNATIONAL DRIVE 0502 INTERNATIONAL DRIVE ORLANDO FL 32819 ORLANDO FL 32819 3a. Date of Last Report 3. Date Incorporated or Qualified 01/10/1995 Et Number Applied For 2a. Mailing Address Principal Place of Business Not Applicable international Dr. International D 26 6550 21 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No. Ora 9. Name and Address of Current Registered Agent 24 10. Name and Address of New Registered Agent Nam IFRACH, MORRIS 82 Street Address (P.O. Box Number is Not Acceptable) **6582 INTERNATIONAL DRIVE** ORLANDO FL 32819 83 Zip Code 84 City 85 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 (NOTE Requitered Agent signature required when renatating) agent and title it applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE D TITLE E034 6550 International Dr. #14 Orlando, FL 32819 1.2 NAME IFRACH, MORRIS NAME 13 STREET ADDRESS 6582 INTERNATIONAL DRIVE STREET ADDRESS ORLANDO FL 32819 14 CITY - ST - ZIP CITY-ST-ZIP DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZiP Addition Change DELETE 31 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 City-St-ZiP CITY - ST - ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST- ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY -ST-ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP DITY-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 cooperation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

or on an attachment with an address

NAME OF SIGNING OFFICER OR DIRECTOR

6.6.96 (407)3526300

that my name appears in

SIGNATURE: