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May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008973 (6)

1. Corporation Name

EXPORTRADE INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business PO BOX 303 VALRICO FL 33594		Mailing Address PO BOX 303 VALRICO FL 33594	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OJEDA, ALDO ESO 4144 NORTH ARMENIA AVE. SUITE 350 TAMPA FL 33607		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	1.1 TITLE		Change	Addition		
NAME	DEMMI, EDWARD L MD	1.2 NAME					
STREET ADDRESS	2729 BRIARPATCH DRIVE	1.3 STREET ADDRESS					
CITY-ST-ZIP	VALRICO FL 33594	1.4 CITY-ST-ZIP					
TITLE	STDV	2.1 TITLE		Change	Addition		
NAME	OJEDA, ANGEL MD	2.2 NAME					
STREET ADDRESS	11660 HIDDEN HOLLOW CIR.	2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33635	2.4 CITY-ST-ZIP					
TITLE		3.1 TITLE		Change	Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE		Change	Addition		
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE		Change	Addition		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE		Change	Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. I 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 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 by an attachment with an address.

SIGNATURE: [Signature] [Signature] [Signature] [Signature]

CR2E034 (10/97)