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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000011127 (4	UMENT #	P95000011127	(4)
----------------------------	---------	--------------	-----

HUDSON INTERNATIONAL TRADING, INC.

Principal Place of Business

Mailing Address



2. Phinoppel Place of Business 3. Detail noncrossible of Qualified 3. Detail noncrossible of Qualified 3. Periodpel Place of Business 3. Phinoppel Place of Business 3. Periodpel Place of	343 ALMERIA AVENUE CORAL GABLES FL 33134	P.O. BOX 144479 CORAL GABLES FL 33114-4479					
1 12 12 12 13 14 15 15 15 15 15 15 15	Quint Graces 12 value					3a. Date of L	ast Report
MAPPLES Suite Agencials	2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apr. 1, etc. 2 SUILE S 7 SUI			rbriosa	. Ave	65-05/5256)	Not Applicable
Coy & State Coy & State Coy & State Coy & State Coy Coy	Suite, Apt. #, etc.	Suite, Apt. #, etc.				1 1 *	
20	City & State	City & State	FI				
9. Name and Address of New Registered Agent AMERILAWYER 343 ALMERA AVENUE CORAL GABLES FL 33134 563 64 City FL 85 Zo Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Fonds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. Such change was authorized by the corporation's board of directors. It heads proceed agent, or both, in the State of Fonds. Such change was authorized by the corporation's board of directors. It heads proceed agent, a large agent of the purpose of changing its registered agent, a large agent and accept the obligation of Science 607,050. Plands Statutes. SIGNATURE 12. OFFICIES AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICIES NO. DIRECTORS 14. It has a position of precious and agent and that agent are 15. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 17. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 18. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIRECTORS IN 12 19. ADDITIONS CHANGES TO OFFICIES AND DIR	Zip Country	Zip					ders 199.032,
AMERILAWYER 33 ALMERA AVENUE CORAL GARLES FL 33134 84 City FL 85 Zp Code 11. Pursuant to the provisions of Sections 607 0500 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 Study change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Study change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am or registered agent, I am and accept the objection of 0.0505. Floridas Study. SIGNATURE Signature OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12. PRESIDENT OFFICERS AND DIRECTORS IN 12. PRESIDENT OFFICERS AND DIRECTORS IN 12. 12 NAME CL SIC STANCHEZ. 34 33 ALMERIA AVENUE. 13 SIRRET ADDRESS OFFICERS AND AVENUE. 13 SIRRET ADDRESS OFFICERS AND AVENUE. 13 SIRRET ADDRESS OFFICERS AND AVENUE. 14 CITY ST. 7P OPARL GABLES, FI 33154 COPARL GABLES, FI 33154					10. Name and Address of New R	egistered Ager	nt
SIGNATURE Signature Specific or Dotton in the State of Florida. Statutes the above-named corporation's black this above-named corporation's black this appointment as registered different registered agent, or both, in the State of Florida. Statutes the above-named corporation's black of directors. I hereby accept the appointment as registered different registered agent, in the State of Florida. Statutes the above-named corporation's black of directors. I hereby accept the appointment as registered different registered agent, if any advantage and each bit statement for the purpose of changing its registered different registered agent. I am registered agent. I am standard the statement for black the appointment as registered different and standard the statement for the purpose of changing its registered different registered agent. I am standard the statement for black the appointment as registered different and standard the statement for the purpose of changing its registered different registered agent. I am standard the statement for black the appointment as registered different and standard the statement for purpose of changing its registered different registered agent. I am standard the statement for black the appointment as registered different and standard the statement for purpose and addition. I am standard the statement for purpose and addition. I am standard the statement for purpose and addition. I am standard the statement for purpose addition. I am standard the statement for purpose and addition. I am standard the statement for purpose and addition. I am standard the statement for purpose and addition. I am standard the statement for purpose and addition. I am standard the statement for purpose and addition. I am standard the statement for purpose addition. I am standard the statement for purpose and addition. I am standard the statement for purpose and addition. I am standard the statement for purpose and addition. I am standard the statement for purpose and addition. I am standard the standard the s			81	Name			
TI. 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 Forida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I amiliar with, and accept the obligations of, Section 607.0506, Rocka Statutes. SIGNATURE SIGNATURE SIGNATURE CHARRAN OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE CHARRAN OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12. 17. INTITLE CHARRAN OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12. 17. INTITLE CHARRAN OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12. 17. INTITLE CHARRAN OFFICERS AND DIRECTORS IN 12. 17. INTITLE CHARRAN OFFICERS AND DIRECTORS IN 12. 17. INTITLE CORAL CARLES, FI 33134 14. ONLY ST. INTITLE CORAL CARLES, FI 33134 14. ONLY ST. INTITLE CORAL CARLES, FI 33154 22. STREET ADDRESS SUBJECT ACCURATION OFFICERS AND DIRECTORS IN 12. 17. INTITLE CORAL CARLES, FI 33154 22. ONLY ST. INTITLE CORAL CARLES, FI 33154 22. STREET ADDRESS ONLY ST. INTITLE CORAL CARLES, FI 33154 22. STREET ADDRESS ONLY ST. INTITLE CORAL CARLES, FI 33154 22. STREET ADDRESS ONLY ST. INTITLE CORAL CARLES, FI 33154 23. STREET ADDRESS ADDITIONS CHARLES, FI 33962 Charge Addition OFFICERS AND DIRECTORS IN 12. ADDITIONS CHARLES, FI 33962 Charge Addition OFFICERS AND DIRECTORS IN 12. THE CORRESS OFFI ST. INTITLE CORAL CARLES OFFI S	• • • • • • • • • • • • • • • • • • •		82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
Section Sect	• • • • • • • • • • • • • • • • • • •		83				
SIGNATURE Separation with and accept the Congression of School April agration and April	CONAL GABLES PE 33134		84	City		8	5 Zip Code
SIGNATURE Separation with and accept the Congression of School April agration and April				1		<u>FL</u>	a its registered office
Separation of Interface of Implement Agent and Test of Engineer Agent and Agent and Test of Engineer Agent and Agent and Test of Engineer Agent and Agent	 Pursuant to the provisions of Sections 607.0502 an or registered agent, or both, in the State of Florida. familiar with, and accept the obligations of, Section 	d 607.1508, Florida Statutes Such change was authorized 607.0505, Florida Statutes.	s, the above- d by the com	named corp coration's bo	oration submits this statement for the pur pard of directors. I hereby accept the appe	pose of changir pintment as regi	stered agent. I am
12. OFFICERS AND DIRECTORS TITLE CHAIRMAN MAKE CLISIC SANCHEZ STREET ADDRESS 343 ALMERIA AVENUE COVY-ST-ZIP TITLE SECRETARY COVY-ST-ZIP COVAL GABLES, FI 331344 TITLE TITLE	SIGNATURE Signature, typed or printed name of registered agent and	title if applicable NOTE	Fugistured Age	nt signature requ		67.16	
STREET ADDRESS SITE ADDRESS			13.				
STREET ADDRESS SHEET			1. 1 TITLE	f	SES! VENT	1≤ 30	hange [_] Addition
STREET ADDRESS 343 ALMERIA AVENUE CITY-ST-ZP CORAL CABLES, FI 33134 TITLE SECRETARY STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP CORAL CABLES, FI 33134 TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE DELETE DELETE DELETE STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE DELETE STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE DELETE STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE STREET ADDRESS STREET ADDRE	NAME ELSIE SANCHEZ	7	1.2 NAME	@	secard M. DMS455	.E `~	
CITY-ST-ZIP CORAL GARIES, FI 33134 14 CITY-ST-ZIP TITLE SECRETARY REDELETE Z TITLE SECRETARY REDELETE Z TITLE SECRETARY Z STREET ADDRESS SHY A LIME TICA AVE ALVE Z STREET ADDRESS CITY-ST-ZIP DELETE	STREET ADDRESS ZUZ ALMERIA AVE	inue	1.3 \$TREE	T ADDRESS 1	980 Treserring C	7	
TITLE SECRETARY ROLLETE 2 TITLE VICE PRESIDENT CHARPENTIER ADDITION STREET ADDRESS 343 ALMERICA AVENUE CITY-ST-ZIP CORAL GARLES, F133134 CORAC GARLES, F133134 CORAC CORAC GARLES CITY-ST-ZIP CORAL GARLES, F133134 CORAC GARLES, F13314 CORAC GARLES,	CITY-ST-ZIP CORAL GABLES, FI	33134	1.4 CiTY -				
CITY-ST-ZIP CORAL GABLES, F133154 24 CITY-ST-ZIP DELETE 3 1 INTE 3 2 MAME 32 MAME 33 STREET ADDRESS CITY-ST-ZIP DELETE DELETE 3 1 INTE 4 1 INTE 4 1 INTE 4 2 MAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 4 4 CITY-ST-ZIP 4 4 CITY-ST-ZIP 5 1 INTE 1 Change Addition Addition Change Addition	TITLE SECRETARY	DE DELETE	2 1 TITLE	\	rice President	- <u>□</u> □ c	hange 🔀 Addition
CITY-ST-ZIP CORAL GABLES, F133154 24 CITY-ST-ZIP DELETE 3 1 INTE 3 2 MAME 32 MAME 33 STREET ADDRESS CITY-ST-ZIP DELETE DELETE 3 1 INTE 4 1 INTE 4 1 INTE 4 2 MAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP 4 4 CITY-ST-ZIP 4 4 CITY-ST-ZIP 5 1 INTE 1 Change Addition Addition Change Addition	NAME Elsie SANCHE	7	2 2 NAME	(Saston CHARPEN	アン・手段	60403
CITY-ST-ZIP CORAL GABLES, FISSIST TITLE DELETE 3 1 TITLE 3 2 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP DELETE DELETE 3 1 TITLE 3 1 TITLE 3 TITLE 3 TITLE 3 TITLE 3 TITLE 3 TITLE TREA SURER 4 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4 CITY-ST-ZIP TITLE DELETE DELETE 1 TITLE DELETE DELETE 5 1 TITLE Change Addition Addition Addition Addition TREA SURER CORRECTED M. DARASSE 4 STREET ADDRESS ACTIV-ST-ZIP NAPLES, FI 3 3 76 2 Change Addition Addition Change Addition Change Addition Change Addition TITLE Change Addition TITLE Change Addition TITLE Change Addition Change Addition TITLE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE 6 3 STREET ADDRESS CHANGE STREET ADDRESS CHANGE CHANGE CHANGE CHANGE Addition	STREET ADDRESS BUZ ALMERIA AVE	MILE	2 3 STREE	T ADDRESS	EDF Andred Call	. COME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 3 THILE 4 THILE 5 THILE 4 THILE 5 THILE	CITY-ST-ZIP CORAL GABLES, F	133134				<u> </u>	hanna 🗖 Addition
STREET ADDRESS Q & Q C C C C C C C C C		☐ DELETE				-	
CITY-ST-ZIP	NAME		3 2 NAME	13	sourcidine in Di	ドアサシア	<u>.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE Addition Addition TREASURER CREASURER A3 STREET ADDRESS A4 CITY-ST-ZIP TITLE DELETE DELETE 5 1 TITLE 5 2 NAME 5 2 NAME 5 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition Addition Change Addition	STREET ADDRESS		33 STRE	ET ADDRESS \	480 Ticactify	31 	>
NAME STREET ADDRESS CITY_ST_ZIP DELETE DELETE 12 DELETE 13 STREET ADDRESS A4 CITY_ST_ZIP DELETE 5 1 TITLE NAME STREET ADDRESS CITY_ST_ZIP TITLE DELETE 5 4 CITY_ST_ZIP TITLE DELETE 6 2 NAME 6 3 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 6 3 STREET ADDRESS 6 4 CITY_ST_ZIP THE DELETE 6 1 TITLE 1 Change Addition	CITY-ST-ZIP						hange Addition
A 3 STREET ADDRESS	THILE	C) DEFEIF		Ţ	REASURER	_	wange M Addition
CITY-ST-ZIP	NAME			· K	sercend w may	55e	
TITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition TITLE DELETE E 1 TITLE Change Addition NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS	STREET ADDRESS			T ADDRESS	4807 CO CHILLY		•
NAME			_		NHPLES, FI 33"	(60 al	hanne
53 STREET ADDRESS 53 STREET ADDRESS 54 CITY - ST - ZIP 54 CITY - ST - ZIP Change Addition		□ perete					Mango [_] Madital
DELETE E TITLE Change Addition	STREET ADDRESS		- 1	1			
NAME STREET ADDRESS 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY ST 7/P		T DELETE				П	hange
STREET ADDRESS 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		☐ DETEIE				<u> </u>	
3 NECT ADDITES							
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 107							
	CITY-ST-ZIP	h thie filing is valuntarily furni	shed and do	-SI-ZIP es not quali	fy 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 if changed, or on an attachment with an address.

SIGNATURE:

GNING OFFICER OR DIRECTOR