

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)

1. Corporation Name

HUDSON INTERNATIONAL TRADING, INC.



Principal Place of Business: 343 ALMERIA AVENUE CORAL GABLES FL 33134
Mailing Address: P.O. BOX 144479 CORAL GABLES FL 33114-4479

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0575253
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

2. Principal Place of Business: 21 4206 Enterprise Ave
22 Suite 8
23 NAPLES FL
24 Zip 33942 25 Country U.S.
2a. Mailing Address: 26 4206 Enterprise Ave
27 Suite 8
28 NAPLES FL
29 Zip 33942 30 Country U.S.

9. Name and Address of Current Registered Agent: AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: 81 Name [Blank] 82 Street Address (P.O. Box Number is Not Acceptable) [Blank] 83 [Blank] 84 City [Blank] 85 Zip Code FL

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: [Blank] NOTE: Registered Agent signature required when reinstating. DATE: [Blank]

12. OFFICERS AND DIRECTORS
TITLE: CHAIRMAN [X] DELETE
NAME: Elsie Sanchez
STREET ADDRESS: 343 Almeria Avenue
CITY-ST-ZIP: CORAL GABLES, FL 33134
TITLE: SECRETARY [X] DELETE
NAME: Elsie Sanchez
STREET ADDRESS: 343 Almeria Avenue
CITY-ST-ZIP: CORAL GABLES, FL 33134
[Blank] [] DELETE
[Blank] [] DELETE
[Blank] [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: PRESIDENT [X] Change [] Addition
1.2 NAME: Gerard M. DABASSE
1.3 STREET ADDRESS: 1980 Picadilly Circus
1.4 CITY-ST-ZIP: NAPLES, FL 33962
2.1 TITLE: VICE PRESIDENT [] Change [X] Addition
2.2 NAME: GASTON CHARPENTIER
2.3 STREET ADDRESS: EDF Andros Calle Comercio 1102
2.4 CITY-ST-ZIP: QUITO - EQUATOR
3.1 TITLE: SECRETARY [X] Change [] Addition
3.2 NAME: Dominique N. DABASSE
3.3 STREET ADDRESS: 1980 Picadilly Circus
3.4 CITY-ST-ZIP: NAPLES, FL 33962
4.1 TITLE: TREASURER [] Change [X] Addition
4.2 NAME: Gerard M. DABASSE
4.3 STREET ADDRESS: 1980 Picadilly Circus
4.4 CITY-ST-ZIP: NAPLES, FL 33962
5.1 TITLE: [Blank] [] Change [] Addition
5.2 NAME: [Blank]
5.3 STREET ADDRESS: [Blank]
5.4 CITY-ST-ZIP: [Blank]
6.1 TITLE: [Blank] [] Change [] Addition
6.2 NAME: [Blank]
6.3 STREET ADDRESS: [Blank]
6.4 CITY-ST-ZIP: [Blank]

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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 04/29/1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Gerard M. DABASSE
Date: 04/29/1996 Daytime Phone #: [Blank]

CR2E034 (12/95)