

**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 Suite 8 NAPLES FL 33942 U.S.  
2a. Mailing Address: 26 4206 Enterprise Ave Suite 8 NAPLES FL 33942 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 [Blank] 83 [Blank] 84 City [Blank] 85 Zip Code FL [Blank]

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  
1. TITLE: CHAIRMAN [X] DELETE  
NAME: Elsie Sanchez  
STREET ADDRESS: 343 Almeria Avenue  
CITY-ST-ZIP: CORAL GABLES, FL 33134  
2. TITLE: SECRETARY [X] DELETE  
NAME: Elsie Sanchez  
STREET ADDRESS: 343 Almeria Avenue  
CITY-ST-ZIP: CORAL GABLES, FL 33134  
3. TITLE: [ ] DELETE  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]  
4. TITLE: [ ] DELETE  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]  
5. TITLE: [ ] DELETE  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. 1 TITLE: PRESIDENT [X] Change [ ] Addition  
NAME: Gerard M. DABASSE  
2. 2 NAME: Gerard M. DABASSE  
3. 3 STREET ADDRESS: 1980 Picadilly Circus  
4. 4 CITY-ST-ZIP: NAPLES, FL 33962  
5. 5 TITLE: VICE PRESIDENT [ ] Change [X] Addition  
NAME: GASTON CHARPENTIER  
6. 6 STREET ADDRESS: EDF Andres Calle Comercio 1102  
7. 7 CITY-ST-ZIP: QUITO - EQUATOR  
8. 8 TITLE: SECRETARY [X] Change [ ] Addition  
NAME: Dominique N. DABASSE  
9. 9 STREET ADDRESS: 1980 Picadilly Circus  
10. 10 CITY-ST-ZIP: NAPLES, FL 33962  
11. 11 TITLE: TREASURER [ ] Change [X] Addition  
NAME: Gerard M. DABASSE  
12. 12 STREET ADDRESS: 1980 Picadilly Circus  
13. 13 CITY-ST-ZIP: NAPLES, FL 33962  
14. 14 TITLE: [ ] Change [ ] Addition  
NAME: [Blank]  
15. 15 STREET ADDRESS: [Blank]  
16. 16 CITY-ST-ZIP: [Blank]  
17. 17 TITLE: [ ] Change [ ] Addition  
NAME: [Blank]  
18. 18 STREET ADDRESS: [Blank]  
19. 19 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: Gerard M. DABASSE  
Date: 04/29/1996  
Daytime Phone #: [Blank]

CR2E034 (12/95)