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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P95000014150 (3)

FOX TRADE, CORP.



i inopar Mac	ce of Business	Mailing Address			6117 66117 96161 11911 11961 11961 11961 11961 6
780 N.W. 42ND AVE. #617 · MIAMI FL-33136		780 N.W. 42ND AV MIAMLEL 33136	E., \$617		
				3. Date Incorporated or Qualified 02/20/1995	3a. Date of Last Report
- · -1	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	N.W. 79TH AVENU		<u>I. 79TH AVENU</u>	E 65-055751	Not Applicab
2 #17 City & Stat		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
_ ′	I FLORIDA,	City & State 28 MIAMI FL	ΛΩΙΩΑ	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Z _{(p}	Country	Trust Fund Contribution	Added to Fees
4 3316		29 33166	30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	□ No
			81 Name	The state of the s	registered Agent
	ANO, CLARA		00		
15448	S.W. 85TH TERRACE		82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
MAMI	FL 33193		83		
			84 Orty		FL 85 Zip Code
11. Pursuant f	to the provisions of Sections 607,050	02 and 607.1508, Florida Statut	tes, the above-named corpora	ation submits this statement for the pur	
familiar wi	red agent, or both, in the State of Flo th, and accept the obligations of, Sei	orida. Such change was authoriz	zed by the corporation's board	ation submits this statement for the pured of directors. I hereby accept the appo	pose of changing its registered offic bintment as registered agent. I am
		and contessed, holida Glatutes	a.		
SIGNATURE					
GNATURE _	Signature, typed or printed name of registerod age	ent and title if applicable (NC	OTE: Registered Agent signature required	Lucher, rough Abrus	
2.	OFFICERS AI	ent and title if applicable (NO ND DIRECTORS	OTE: Registered Agent signaturs required		DATE CERS AND DIDECTORS IN 10
2.	OFFICERS AF			when rendang. ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
2.	OFFICERS AT PD LESCANO, CLARA	ND DIRECTORS	13.		
2. TLE AME	PD LESCANO, CLARA 15448 S.W. 85TH TERRAC	ND DIRECTORS	13. 1.1 TITLE 12 NAME		CERS AND DIRECTORS IN 12
2. TLE NME REFT ADDRESS	PD LESCANO, CLARA 15448 S.W. 85TH TERRAC MIAMI FL 33193	ND DIRECTORS	13. 1. 1 TITLE 1.2 NAME 1.3 STREFT ADDRESS		CERS AND DIRECTORS IN 12
2. TLE MME TREFT ADDRESS TY-ST-ZIP	OFFICERS AI PD LESCANO, CLARA 15448 S.W. 85TH TERRAC MIAMI FL 33193 SD	ND DIRECTORS	13. 1.1 TITLE 12 NAME		CERS AND DIRECTORS IN 12 Change Addition
2. TILE AME TREET ADDRESS ITY-S1-ZIP TLE	OFFICERS AI PD LESCANO, CLARA 15448 S.W. 85TH TERRAC MIAMI FL 33193 SD BICALHO, PAULO C	ND DIRECTORS DELETE	13. 1. 1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP		CERS AND DIRECTORS IN 12
2. AME TREFT ADDRESS TY-S1-ZIP JUF AME	PD LESCANO, CLARA 15448 S.W. 85TH TERRAC MIAMI FL 33193 SD BICALHO, PAULO C 9945 N.W. 5TH LANE	ND DIRECTORS DELETE	13. 1. 1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		CERS AND DIRECTORS IN 12 Change Addition
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this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under upon or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name upon an attachment with an address. oath; that I am an officer or director of appears in Block 12 or Block 13 if all

SIGNATURE: