

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015751 (7)

1. Corporation Name

JUVENCO TRADING, CORP.



Principal Place of Business

**19255 NE 2 AVE SUITE 2217
MIAMI FL 33179**

Mailing Address

**19255 NE 2 AVE SUITE 2217
MIAMI FL 33179**

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt., #, etc

23 City & State

24 Zip Country

2a. Mailing Address

26 MIAMI, FL 33017

27 City & State

28 MIAMI, FL 29 33017 30 Country

**P.O. BOX 173123
MIAMI, FL 33017**

4. FEI Number

65-0559572

Applied For
 Not Applicable

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 No

9. Name and Address of Current Registered Agent

**PAPIN, FRITZ M
19255 NE 2 AVE SUITE 2217
MIAMI FL 33179**

10. Name and Address of New Registered Agent

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 (not to be deleted)

Printed Name of Agent (agent is required when registering)

(Date)

12. OFFICERS AND DIRECTORS DELETE

TITLE **PD**
NAME **PAPIN, FRITZ M**
STREET ADDRESS **19255 NE 2 AVE SUITE 2217**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **VD**
NAME **ABRAHAM, FRITZNER JR**
STREET ADDRESS **19255 NE 2 AVE SUITE 2217**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **STD**
NAME **MARSEILLE, GUY E**
STREET ADDRESS **19255 NE 2 AVE SUITE 2217**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

ABRAHAM, FRITZNER JR VD

7/15/96

(305) 625-9963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Type Phone #)

CR2E034 (12/95)