

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 # **P95000037703 (2)**

1. Corporation Name

TRADITIONS INTERNACIONAL CORP



Principal Place of Business

771 HERON RD.
FT. LAUDERDALE FL 33326

Mailing Address

771 HERON RD.
FT. LAUDERDALE FL 33326

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

65-0581126

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

MILA, DIONE M
771 HERON RD.
FT. LAUDERDALE FL 33326

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 and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME: PTD MILA, DIONE M
STREET ADDRESS: 771 HERON RD.
CITY-ST-ZIP: FT. LAUDERDALE FL 33326

TITLE DELETE

NAME: VSD MILA, PAUL S
STREET ADDRESS: 771 HERON RD.
CITY-ST-ZIP: FT. LAUDERDALE FL 33326

TITLE DELETE

NAME: DELETE

STREET ADDRESS: DELETE

CITY-ST-ZIP: DELETE

TITLE DELETE

NAME: DELETE

STREET ADDRESS: DELETE

CITY-ST-ZIP: DELETE

TITLE DELETE

NAME: DELETE

STREET ADDRESS: DELETE

CITY-ST-ZIP: DELETE

TITLE DELETE

NAME: DELETE

STREET ADDRESS: DELETE

CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 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: Dione M. Mila DIONE M. MILA 3-4-96 954-384-7245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)