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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

OCUMENT # 195000047234
Corporation Name

MONARCH TRADING, NC.

Principal Place of Business

Mailing Address

	·	<u> </u>	81 Nam	10	
Name and Address of Current Registered Agent				10. Name and Address of New Reg	istered Agent
Zip]	Country 25	Zip 29	Country 30	8. This corporation has liability for int Florida Statutes Yes	•
City & State		City & State	e	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Suite, Apt. #, etc.		Suite, Apt.	#, etc.	5. Certificate of Status Desired	S8.75 Additional Fee Required
		26		65-0590423	Not Applicable
Principal Place of Business		2a. Mailing Add	dress	4. FEI Number	Applied For
SUME &	UCE DE LEOR 210 CAMBLES, EL	_	414/25	3a. Date of Last Report	
// n i. I /n			•		

IDA C OVIES 1050 MADRUGA DUE STE 406 CORM CABLES, BA 33146

٠ ا	Tuno
82	Street Address (P.Q. Box Number is Not Acceptable)
	BOIL PONCE OF LEAN BLUD
83	

84 City CORR CABLES FL 85 Zip Code 391344
above-pamed corporation submits this statement for the curpose of changing its registered office

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.

I familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE MA C. CLUIS 4/29/96								
A		gistered Agent signature required when reinstating) DATE						
i2)	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	OIRECTOR DELETE	1. 1 TITLE	Change Addition					
NAME	ENRIQUE S. VOLOVISKY	1.2 NAME						
STREET ADDRESS	ENRIQUE S. VOLOVISKY 1550 HADRUGA QUE STE 406	1.3 STREET ADDRESS	3211 PONCE DE LEON BUXO #210					
CITY-ST-Z#P	CORAL CABLES FLA 30146	1.4 CITY - ST - ZIP	CORAL GABLES RA 33134					
TITLE	ORECTOR DELETE	2. 1 TITLE	Change Addition					
NAME	JOSEPH M. SAVOIE	22 NAME						
STREET ADDRESS	1500 MADRUGA DUESTE 406	2.3 STREET ADDRESS	3211 PONCE DE LEON BUND #210					
CITY-ST-ZIP	CORAL CABLES EA 33146	2.4 CITY - ST - ZIP	CORM GABLES EA 33134					
TITLE	DIRECTOR DELETE	3. 1 TITLE	Change Addition					
NAME	MANRICE SANDIE	3.2 NAME						
STREET ADORESS	MANRICE SANDIE 1000 MATORICA ANE STE 406	3.3. STREET ADDRESS	2211 PONCE DE LEON BIND #210 CORAL GABLES, PLA 33134					
CITY-ST-ZIP	CORM CABLES FLA 33146	3.4 CITY - ST - ZIP	CORAL GABLES FLA 33134					
TITLE	DELETE 7	4.1 TITLE	☐ Change ☐ Addition					
NAME		4.2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP	300001808823					
TITLE	DELETE	5 1 TITLE	-05/06/3601030002hange Addition					
NAME		5.2 NAME	***200.00					
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5 4 CITY-ST-ZIP						
TITLE	☐ DELETE	6. 1 TITLE	☐ Change ☐ Addition					
NAME		6.2 NAME	(S)					
STREET ADDRESS		6.3 STREET ADDRESS	5,00					
AUTH AT TIS		6 4 5 D/ 61 30	5-1-46					

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:

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

4/29/96 305 447-8801