

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 # P95000047680 (0)

1. Corporation Name

ASM TRADING, INC.



Principal Place of Business

1817 S. OCEAN DRIVE
SUITE 228
HALLANDALE FL 33009

Mailing Address

1817 S. OCEAN DRIVE
SUITE 228
HALLANDALE FL 33009

3. Date Incorporated or Qualified
06/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1095 N.E. 204 TER.

26 1095 N.E. 204 TER.

4. FEI Number

65-0668312

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 N. MIAMI BEACH, FL

City & State

28 N. MIAMI BEACH, FL

24 Zip 33179

25 Country DADE

29 Zip 33179

30 Country DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

MAXIM RUCHKIN

82 Street Address (P.O. Box Number is Not Acceptable)

1095 N.E. 204 TER.

83

N. MIAMI BEACH

84 City

FL

85

Zip Code

33179

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

MAXIM RUCHKIN

04/25/1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RUCHKIN, ALEXANDER
STREET ADDRESS 1095 NORTHEAST 204 TERRACE
CITY-ST-ZIP NORTH MIAMI FL 33178

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME RUCHKIN, MAXIN
STREET ADDRESS 1095 NORTHEAST 204 TERRACE
CITY-ST-ZIP NORTH MIAMI FL 33178

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: x

MAXIM RUCHKIN

04/25/1996

999-9637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)