FILE	NOW: FILING FEE	AFTER MAY	1 IS \$22	5.00			
PROFIT CORPORATION ' `ANNUAL REPORT 1996		S S	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUI 1. Corporation	MENT # P9500	00049784	(8)				
	N TRADE, INC.		` '				
Principal Place	of Business	Mailing Address	•			BUIL BUILE EDAN a e	ing nguli ngga ngkut gada 1004
19085 NW 84TH COURT 19085 NW 84TH COURT HIÂLEAH FL 33015 HIALEAH FL 33015							
A Discisal Riv			7		3. Date Incorporated or Qualified 06/23/1995	3a. Date	of Last Report
2. Principal Pla 21	ece of Business	2a. Mailing Address	\$		4. FEI Number 65 - 062 40	o l	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, e	tc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
Crty & State		City & State			6. Election Campaign Financing		\$5.00 May Be
Zip	Country	Zip	Count	ry	Trust Fund Contribution 8. This corporation has liability for		Added to Fees under s 199.032.
24	g. Name and Address of Currer	29	30		Florida Statutes	s 🗆 No	
	3. 1141114 2114 114114 01 041161	in registered Agent	8	1 Name	10. Name and Address of New	Registered A	gent
SANCH	IEZ, VALMORE A		8	2 Ctroot Add	ress (P.O. Box Number is Not Accepta	bla)	
	NW 84TH COURT				ress (i .o. box incinider is not Accepta	ole)	
1HIALEA	H FL 33015		8	3			
•			8	4 City	- MALL	FL	85 Zip Code
	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect			nanied corpor poration's boa	ration submits this statement for the pured of directors. I hereby accept the app		ging its registered office egistered agent. Fam
SIGNATURE							
12.	Signature, typed or printed name of registered agent OFFICERS AN	DIRECTORS	(NOTE Registered A)	er t signature require		DATE	
TiTLE	PD	DELETE	13.	T	ADDITIONS/CHANGES TO OF		OIRECTORS IN 12 Change
NAME	SANCHEZ, VALMORE A	_	1.2 NAMi				Change Addition
STREET ADDRESS	19085 NW 84TH COURT			EL ADDRESS			[8
CITY-ST-ZIP	HIALEAH FL 33015		1.4 CITY				Į.
TITLE	TD	DELETE					Change Addition
NAME	SANCHEZ, LUIS A		2.2 NAME	<u>.</u>			
STREET ADDRESS	19085 NW 84TH COURT		2 3 STRE	E1 ADDRESS			
CITY - ST - ZIP	HIALEAH FL 33015		24 CITY	S1 - ZIP			
TITLE	VD	DELETE					Change Addition
NAME	SANCHEZ, CARLOS A		3.2 NAME				_
STREET ADDRESS	19085 NW 84TH COURT		3.3 STRE	EL ADORESS			
CITY - ST - ZIP	HIALEAH FL 33015		3 4 0117	ST-ZIP			
TITLE		☐ DELETE	4. 1 TIFLE				Change
NAME			4.2 NAME		00000171	ecicle.	J")
STREET ADDRESS			43 STREE	T ADDRESS	00000177 -04/15/96010	125nī:	
CITY-ST-ZIP			4.4 CHTY -	\$1-ZIP	***200.00		
TITLE		☐ DELETE	5 1 TITLE				Change Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST-ZIP			
THILE		☐ DELETE	6 1 TITLE	T			Change Addition
NAME			6.23.4445	F			

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 supplied entail 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 constration or the receiver or trusted 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 upon an attachment with an address.

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/9 (305) 844-3816