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

DOCUMENT #
1. Corporation Name

P95000051198 (6)

SNL TRADING, INC.

Principal Place of Business

Mailing Address

18042 SOUTHWEST 12 COURT PEMBROKE PINES EL 33029

18042 SOUTHWEST 12 COURT PEMBROKE PINES FL 33029



, 5	,	TEMBRONE PRIES FL	. 33029			
•	-··			3. Date Incorporated or Qualified 3a. Date of La 06/30/1995	st Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 Suite, Apt. #, etc.		26		65-0592213	Not Applicable	
22		Suite, Apl. #, etc.		The occurrence of Cialos Desired	.75 Additional see Required	
City & State		City & State		6. Election Campaign Financing	5.00 May Be	
23		28		Total Fried Could be compared to the country of the	dded to Fees	
Zip na l	Gountry	Zip	Country	8. This corporation has liability for intangible tax under	ers 199.032,	
24	25 25 9. Name and Address of Curr	29	30	Florida Statutes 🔼 Yes 🗌 No		
	5. Hamound Address of Odif	ent negistered Agent	81 Name	10. Name and Address of New Registered Agent		
THE LA	W FIDM OF LAWDENCE 1 OF	NEGEL CURTO	300	SURESH M. DHANANG		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE			[UZ Street Address (r.C. Dox Number is Not Acceptable)			
	GABLES FL 33134		83	043 Sonthwest 12	Cores	
00.02	W. DCLO 1 E 00101					
			84 City	enterno Firm FL 85	Zip Code	
	o regarded to the contract of the	riua i aurii Chanue was aumonza	s, the above-named corpor by the corporation's boa	ration submits this statement for the purpose of changing and of directors. I hereby accept the appointment as registe	its registered office	
familiar with SiGNATURE	MITIAN	otion od 1.0000, Fiorida Statidies.		Yo	4/96	
12.		and title Capplicable (NOTE ND DIRECTORS	Registered Agent signature require 13.			
THE	PTO	[] CIELETE	1 1 1 1 1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
NAME.	DHANANI, SURESH M		1.2 NAME	Chan	ge 🔲 Addition	
SIREEL ADDRESS	18042 SOUTHWEST 12 COURT		1.3 STREET ADDRESS			
CITY ST-ZIF	PEMBROKE PINES FL 33		1.4 CITY-ST-ZIP			
ULF	VSD	☐ CELETE	2 1 TITLE	☐ Chan	ge Addition	
NAME	DHANANI, NEETA S		2 2 NAME			
STREET ADDRESS	18042 SOUTHWEST 12 COURT		2 3 STREET ADDRESS			
City S1 ZiP	PEMBROKE PINES FL 33)29	2.4 CITY - ST - ZIP			
TILLE		DELETE	3 1 TITLE	☐ Chan	ge 🔲 Addition	
NAM:			3.2 NAME		į	
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-ST-ZIP		PO DE CAS	3 4 CITY - ST - ZIP			
TITLE NAME		☐ DELETE	4. 1 TITLE	☐ Chan	ge 🔲 Addition	
STREE! ADDRESS			4.2 NAME			
			4.3 STREET ADDRESS			
CHY SI ZP		DELETE	4.4 CITY-ST-ZIP 5 1 TITLE			
NAME				Chang	ge 🔲 Addition	
STREET AFORESS			5.2 NAME			
City-St ZiP			5 3 STREET ADDRESS			
DI.E		DELETE	5.4 C(TY-ST-Z)P 6.1 T(TLF	Chang	ge Addition	
NAME		L ·	6 2 NAME	CT cuan	Re TT WOOMING	
STREET AUDRESS			6 3 STREET ADDRESS			
CHY ST-7#*			6 4 CITY-ST-ZIP			
14. I do hereby	certify that the information supplied	with the flipp is ush starily furnish	and and does not a set 4	and the second s		

Loo heretry 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 eath, that I arm 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:

NAME OF SIGNING OFFICER OR DIRECTOR

OrosiDoris JUPA