

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000066989 (1)

1. Corporation Name
DEVELOPMENT TRADING, INC.

Principal Place of Business
351 LAKEVIEW DRIVE #201
FORT LAUDERDALE FL 33326

Mailing Address
351 LAKEVIEW DRIVE #201
FORT LAUDERDALE FL 33326-1310



2. Principal Place of Business 21 693 Racquet Club Rd Suite, Apt. #, etc. 22 Apt. # 6 City & State 23 Weston FL Zip 24 33326 Country 25 U.S.A		2a. Mailing Address 26 318 Indian Trace Suite, Apt. #, etc. 27 Suite 105 City & State 28 Weston, FL Zip 29 33326 Country 30 U.S.A		3. Date Incorporated or Qualified 08/30/1995	3a. Date of Last Report 04/30/1996
				4. FEI Number 65-0609300	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PROANO, FELIPE
351 LAKEVIEW DRIVE #201
FORT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name
Felipe Proano
82 Street Address (P.O. Box Number is Not Acceptable)
693 Racquet Club Rd. Apt. # 6
83
84 City
Weston FL 85 Zip Code
33326

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	PROANO, FELIPE	1.2 NAME	
STREET ADDRESS	351 LAKEVIEW DRIVE #201	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33326	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	
NAME	PICHARDO, LISSETE	2.2 NAME	
STREET ADDRESS	693 RACQUET CLUB ROAD #6	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33326	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0265915

4-25-97 (959) 349-1823

CR2E034 (9/96)