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FILED
Jun 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P95000071858</u> 1. Corporation Name <u>WIDE OPEN TRADING CORP.</u>			
Principal Place of Business <u>2105 BRICKELL AVE # 317 SAME</u> <u>MIAMI, FL 33129</u>		Mailing Address	
2. Principal Place of Business 21 <u>550NW 82CT</u> Suite, Apt. #, etc. 22 <u>388</u> City & State 23 <u>MIAMI - FL</u> Zip 24 <u>33126</u> Country 25 <u>0ADG</u>		2a. Mailing Address 26 <u>SAME</u> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
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.		81 Name <u>MAGDA VALERIA P. MACHADO</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>550 NW 82 CT # 388</u> 83 84 City <u>MIAMI</u> FL 85 Zip Code <u>33126</u>	
SIGNATURE: <u>Magda del Real</u> (NOTE: Registered Agent's signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <input checked="" type="checkbox"/> DELETE <u>EDELSTEIN, PETER</u> <u>2105 BRICKELL AVE # 317</u> <u>MIAMI FL, FL 33129</u>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<u>MAGDA VALERIA P. MACHADO</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>550 NW 82 CT # 388</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.		000002212520 -06/16/97--01026--022 ***165.00	
SIGNATURE: <u>Magda del Real</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5-12-97 Date	

CR2E034 (9/96)