SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGU 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RE TATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT STATE
Sandra B. Morth
Secretary of Sta
DIVISION OF CORPOR IONS

DOCUMENT # P95000073889 (4)

1. Corporation Name

COLUMBUS TRADING, INC.

Principal Place of Business	Mailing Address
10817 NW 27TH AVENUE MIAMI FL 33167	10817 NW 27TH AVENUE MIAMI FL 33167

3. Date Incorporated or Qualified: 09/22/1995
3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number — [X] 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 [X] No

9. Name and Address of Current Registered Agent

MARSH, DESMOND
~~5048 NE 2ND AVENUE~~
~~MIAMI FL 33137~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 159 N. Court
83 Northside Shopping Center
84 City: Miami FL 85 Zip Code: 33147

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President. M.	[ ] DELETE
NAME	Kanovan Lee	
STREET ADDRESS	10817 NW 27 Ave.	
CITY-ST-ZIP	Mia. Fla. 33167.	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President.	[ ] Change [X] Addition
1.2 NAME	Albert Lee	
1.3 STREET ADDRESS	10817 NW 27th Ave	
1.4 CITY-ST-ZIP	Miami FL. 33167	
2.1 TITLE	Dir.	[ ] Change [ ] Addition
2.2 NAME	Donovan Lee.	
2.3 STREET ADDRESS	10817 NW 27 Ave.	
2.4 CITY-ST-ZIP	Miami. Fl. 33167.	
3.1 TITLE	Dir. Sect.	[ ] Change [ ] Addition
3.2 NAME	Lorna Wilson.	
3.3 STREET ADDRESS	10817 NW 27 Ave.	
3.4 CITY-ST-ZIP	Mia. Fl. 33167.	
4.1 TITLE	Dir.	[ ] Change [ ] Addition
4.2 NAME	Dr. Karen. J. Lee. D.P.M	
4.3 STREET ADDRESS	10817 NW 27 Ave Mia.	
4.4 CITY-ST-ZIP	Fl. 33167.	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-08/22/96--01015--047
***225.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______ Pres. 6/19/96. 305 688.0227.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)