

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

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000073889 (4)

1. Corporation Name
COLUMBUS TRADING, INC.

Principal Place of Business 10817 NW 27TH AVENUE MIAMI FL 33167	Mailing Address 10817 NW 27TH AVENUE MIAMI FL 33167
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/22/1995	
4. FEI Number 65-0751690		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"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MARSH, DESMOND 159 N. COURT NORTHSIDE SHOPPING CENTER MIAMI FL 33147				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE		P		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		LEE, ALBERT				1.2 NAME									
STREET ADDRESS		10817 NW 27TH AVE				1.3 STREET ADDRESS									
CITY-ST-ZIP		MIAMI FL 33167				1.4 CITY-ST-ZIP									
TITLE		D		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		LEE, DONOVAN				2.2 NAME									
STREET ADDRESS		10817 NW 27TH AVENUE				2.3 STREET ADDRESS									
CITY-ST-ZIP		MIAMI FL 33167				2.4 CITY-ST-ZIP									
TITLE		DS		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		WILSON, LORNA				3.2 NAME									
STREET ADDRESS		10817 NW 27TH AVENUE				3.3 STREET ADDRESS									
CITY-ST-ZIP		MIAMI FL 33167				3.4 CITY-ST-ZIP									
TITLE		D		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		LEE, KAREN				4.2 NAME									
STREET ADDRESS		10817 NW 27TH AVENUE				4.3 STREET ADDRESS									
CITY-ST-ZIP		MIAMI FL 33167				4.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						5.2 NAME									
STREET ADDRESS						5.3 STREET ADDRESS									
CITY-ST-ZIP						5.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						6.2 NAME									
STREET ADDRESS						6.3 STREET ADDRESS									
CITY-ST-ZIP						6.4 CITY-ST-ZIP									

14. I 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: ALBERT LEE 4/30/98 3056880222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0235532

CR2E034 (10/97)