## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARAMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000075978 (3)										
	BIFIED TRADING INTERNAT	TIONAL, INC.				) 1881/1981 (J.B. 1848) (BYA) (BYA) (BYA) (BYA)	<b>              </b>			
Principal Place o	4 D	Mailing Address								
		20441 NORTHEAST 30 AVENUE, SUITE 120								
20441 NORTHEAST 30 AVENUE. SUITE 120 NORTH MIAMI BEACH FL 33180		NORTH MIAMI BEACH FL 33180								
						3. Date Incorporated or Qualified 10/03/1995	3a. Da	te of Last F	leport	
2. Principal Plac	ce of Business	2a. Mailing Address				4, FEI Number			Applied For	
1		26				65-0011915	· ·		Not Applicable  5 Additional	
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Required	
City & State		City & State			6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be				
3		28				Trust Fund Contribution		Added to Fees		
Zip	Country	Ziρ	Cour	itry		8. This corporation has liability for Florida Statutes X Ye	intangible s □ No	tax under s	; 199.032,	
4	25 9. Name and Address of Curren	t Registered Agent	30			10. Name and Address of New		d Agent		
	g. Name and Address of Conten	it negistered agent		81	Name					
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				82	Street Ado	Iress (P.O. Box Number is Not Accepta	Number is Not Acceptable)			
	MERIA AVENUE	acc office				лезэ ( техня				
CORAL GABLES FL 33134				83						
			İ	84	City		F	85 2	7ip Code	
or registere familiar witi	the provisions of Sections 607.0507 ad agent, or both, in the State of Florin, and accept the obligations of, Sect	ion 607.0505, Florida Statute	is.	огра	JIBUON S EAR	ration submits this statement for the p and of directors. Thereby accept the ap	irpase of coolintment	nanging its as registere	d agent. I am	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A			
TITLE	PSTD	☐ DELETE	1, 1 TI	IJΕ				Change	e	
NAME	SOCHERMAN, GREGORY		1.2 NA			IAAL THOSE ISIA	4/h 6	#11/7	441	
STREET ADDRESS	- 20441 NORTHEAST 30 AVE				ADDRESS	1001 THREE ISLA. HALLANDALE, FL 3	200	2	# 7/	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3	T DELETE	2.11		::::.4F   <b>!</b>	INCOME PILL, P. S	<u> </u>	Change	CoilibbA 🔲	
TITLE NAME			2 2 NA	Mŧ						
STREET ADDRESS			235!	HEE I	ADDRESS					
CITY-ST-ZIP			2 4 CT	TY - S	31 - ZIP			Change	Addition	
TITLE		[] DELFTE	3 1 T		•			☐ Change	e 🔲 Addition	
NAMÉ			3 2 N							
STREFT ADDRESS			1		FADDSESS					
CITY - ST - ZIP		DELETE	4.1T		S1-7F			Change	e 🔲 Addition	
NAME !			4 2 N							
STREET ADDRESS			4 3 51	HEET	LADURESS					
CITY-S1-ZP			4 <b>4</b> C	TY - 5	ST - ZIP		<del>_</del> _			
TITLE		DETELE	5 11	HL <b>E</b>				Chang	e 🔲 Addition	
NAME			52 N							
STREET ADDRESS					I ADORESS					
CITY-ST-ZIP			54C 61T		\$1-2IF			Chang	e 🔲 Addition	
TILE		Писи	62 N					_		
NAME CIDECT ADDRESS					T ADDRESS					
STREET ADDRESS CITY ST. ZIP			640	ırv.	51.70					
14. I do hereb	by certify that the information supplied	with this filing is voluntarily fu	unished and	doc	es not qualif	y for the exemption stated in Section 1 irate and that my signature shall have to this report as required by Chapter 607.	19.07(3)(k), he same le	Florida Sta gal effect a	tutes. I further s if made under	
	t the information indicated on this and I am an officer or director of the corp Block 12 or Block 13 if changed, or			red	to execute	this report as required by Chapter 607,	Florida St	itutes; and	that my name	

GREG SOCHERMAN