

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

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**Feb 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000078973 (1)
 1. Corporation Name
INTER-USA TRADING CORP.



Principal Place of Business 3791 NW 25TH STREET MIAMI FL 33142	Mailing Address 3791 NW 25TH STREET MIAMI FL 33142-6213
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3. Date Incorporated or Qualified 10/13/1995	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business 9554 NW 41 ST ST	22a. Mailing Address 9554 NW 41 ST ST
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Miami FL	28. City & State Miami FL
24. Zip 33178	25. Country USA
29. Zip 33178	30. Country USA

4. FEI Number 65-0620072	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ROCKFORD, ARNOLD
 300 SEVILLA AVE.
 SUITE 216
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name Kurt R Kleas Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 1505 NW 14 STREET
83
84 City Miami FL 33125

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]* **Kurt R Kleas Jr.** DATE: **2/13/97**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D/S	NAME GARCIA, JOSE A	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 151 S.E. 15TH RD APT. 2702	CITY-ST-ZIP MIAMI FL 33129	
TITLE V	NAME KOZIAL, KERRY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1820 S. TREASURE DR., #402	CITY-ST-ZIP N. BAY VILLAGE FL 33141	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Kozial, Kerry	
1.3 STREET ADDRESS 1820 S. Treasure Dr. #402	
1.4 CITY-ST-ZIP N. Bay Vill. FL 33141	
2.1 TITLE V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Reis e Silva, Nelson	
2.3 STREET ADDRESS Rua Joao Pessoa, 228	
2.4 CITY-ST-ZIP Blumenau, SC 89036 BRAZIL	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* **SIGNATURE REQUIRED** DATE: **1/15/97** DAYTIME PHONE: **305-599-8833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)