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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000079188 (5)**

1. Corporation Name

C.T.S. TRADING, CORP.

Principal Place of Business

~~3100 N.W. 72ND AVENUE #128~~
~~MIAMI FL 33122~~

Mailing Address

~~3100 N.W. 72ND AVENUE #128~~
~~MIAMI FL 33122~~

3. Date Incorporated or Qualified: 10/16/1995

3a. Date of Last Report

4. FEI Number: 65-0612983 [ ] 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 [X] Yes [ ] No

2. Principal Place of Business

21 8205 N.W. 68TH STREET
Suite, Apt. #, etc.
22
City & State
23 MIAMI FLORIDA
Zip 24 33166 Country 25 USA

2a. Mailing Address

26 8205 N.W. 68TH STREET
Suite, Apt. #, etc.
27
City & State
28 MIAMI FLORIDA
Zip 29 33166 Country 30

9. Name and Address of Current Registered Agent

BARBOZA, PAULO
9367 FONTAINBLUE BLVD. #G-203
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 where not stated. DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
PSD
BARBOZA, PAULO
9367 FONTAINBLUE BLVD. APT. #G-203
MIAMI FL 33172
[ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP [ ] Change [ ] Addition

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP [ ] Change [ ] Addition

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP [ ] Change [ ] Addition

4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP [ ] Change [ ] Addition

5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP [ ] Change [ ] Addition

6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP [ ] Change [ ] Addition

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

SIGNATURE: Paulo Barboza 4/2/96 582-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)