

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

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P95000079970 (6)**  
1. Corporation Name  
**G. A. P. TRADING, CORP.**



Principal Place of Business <b>7203 N.W. 12TH STREET MIAMI FL 33126</b>	Mailing Address <b>7203 N.W. 12TH STREET MIAMI FL 33126</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
**10/16/1995**

21. Principal Place of Business <b>34 SE 2ND AVE</b>	22. Suite, Apt. #, etc. <b># 411</b>	23. City & State <b>MIAMI, FL</b>	24. Zip <b>33131</b>	25. Country <b>US</b>
26. Mailing Address <b>34 SE 2ND AVE</b>	27. Suite, Apt. #, etc. <b>STB 411</b>	28. City & State <b>MIAMI, FL</b>	29. Zip <b>33131</b>	30. Country <b>US</b>

4. FEI Number <b>65-0621864</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KALKAS, MARTTI**  
**915 N.W. 1ST AVE.**  
**#H2111**  
**MIAMI FL 33136**

10. Name and Address of New Registered Agent

81 Name <b>KALKAS MARTTI</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>15419 SW 54 STREET</b>
83
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33185</b>

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: *Martti Kalkas*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINS, PEDRO V</b>	
STREET ADDRESS	<b>7904 HARDING #3-A</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ARAMIS, PEREZA</b>	
STREET ADDRESS	<b>1734 N.W. 81ST WAY</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DE SOUZA, ANDRE B</b>	
STREET ADDRESS	<b>915 N.W. 1ST AVE. #2111-1108</b>	
CITY-ST-ZIP	<b>MIAMI FL 33136</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P, T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>915 NW 1ST AVE, APT H2111</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33136</b>	
2.1 TITLE	<b>VICE PRESIDENT SECY.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KALKAS MARTTI</b>	
2.3 STREET ADDRESS	<b>15419 SW 54 STREET</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33185</b>	
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 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]* 11/26/98

CR2E034 (10/97)