

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

FILED

Mar 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P95000080591 (7)**

1. Corporation Name
HARPSEAL TRADING CORP.

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| Principal Place of Business 7800-A NW 82 STREET MIAMI FL 33186 | Mailing Address 7800-A NW 82 STREET MIAMI FL 33166-3539 |
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|---|--|--|--|--|--|
| 2. Principal Place of Business 21 5209 N.W. 74 AVE. State, Apt. #, etc. 22 202 City & State 23 MIAMI, FLORIDA Zip Country 24 33166 25 USA | | 2a. Mailing Address 26 5209 N.W. 74 AVE. Suite, Apt. #, etc. 27 202 City & State 28 MIAMI, FLORIDA Zip Country 29 33166 30 USA | | 3. Date Incorporated or Qualified 10/20/1995 | 3a. Date of Last Report 05/01/1996 |
| | | 4. FEI Number 65-0613892 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No | | | |

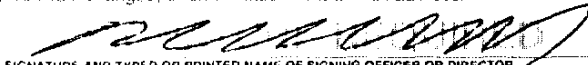
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|--|--|---|--|
| 9. Name and Address of Current Registered Agent BADANI, RENZO L 16909 N. BAY RD. APT S 14 NORTH MIAMI FL 33160 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | |
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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 _____ (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 | P <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BADANI, RENZO L | 1.2 NAME | BADANI, RENZO L |
| STREET ADDRESS | 16909 N BAY RD. APT 514 | 1.3 STREET ADDRESS | 6210 NW 173 STREET APT 816 |
| CITY-ST-ZIP | N. MIAMI BCH FL 33160 | 1.4 CITY-ST-ZIP | MIAMI FL 33015 |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | V <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLON, IVAN | 2.2 NAME | COLON, IVAN |
| STREET ADDRESS | 16155 NW 46TH AVE APT 230 | 2.3 STREET ADDRESS | 16155 NW 64 AVE. APT 230 |
| CITY-ST-ZIP | HIALEAH FL 33016 | 2.4 CITY-ST-ZIP | MIAMI LAKES, FL 33014 |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | S <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LHOMY, YAMILE | 3.2 NAME | LHOMY, YAMILE |
| STREET ADDRESS | 16155 NW 46TH AVE APT 230 | 3.3 STREET ADDRESS | 16155 NW 64 AVE, APT 230 |
| CITY-ST-ZIP | HIALEAH FL 33016 | 3.4 CITY-ST-ZIP | MIAMI LAKES, FL 33014 |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | T <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VENANCIO, ROSSANA | 4.2 NAME | VENANCIO, ROSSANA |
| STREET ADDRESS | 16909 N BAY RD. APT 514 | 4.3 STREET ADDRESS | 6210 NW 173 STREET, APT 816 |
| CITY-ST-ZIP | N. MIAMI BCH FL 33160 | 4.4 CITY-ST-ZIP | MIAMI FL 33015 |
| 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 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:  3/4/97 (305) 436 8575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)