SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUI	MENT # <b>P9500</b> 0	0080695 (6)			
AMERISHIP TRADING CORP.					BÅIN SAIA: (BAIX BRIYA BUXA IBIB) BIX IBIX
Principal Piace	e of Business	Mailing Address			
9015 SOUTH MIAMI FL 331	WEST 125 AVENUE. SUITE N201	9015 SOUTHWEST 125 A MIAMI FL 33186	venue. Suite N201		
	140	WIAMI FL 33100		3. Date Incorporated or Qualified	3a. Date of Last Report
	·			10/20/1995	
2 Principal Place of Business 2a. Mading Address 25				4. FEI Number 65-0614114	Applied For
Suite, Apt. #, etc. Suite. Apt. #, etc.				(10 O(1. 1.1.1.)	Not Applicable  \$8.75 Additional
27				5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution  8. This corporation has hability for	Added to Fees
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Current	: Registered Agent		10. Name and Address of New R	egistered Agent
	E LAW FIRM OF LAWRENCE J S	PIEGEL CHRTD	81 Name	CHANMALAY MC	)PENO
	3 ALMERIA AVENUE		82 Stroet Acide	82 Stype Address (PO Box Number in All Acceptable)  Subject to the North Acceptable of the North Accep	
CO	PRAL GABLES FL 33134		83	7 300 (63 / 142-6	SOTTE R CO.
			84 City		DE Zin Codo
			$\mathcal{M}(P)$	<del>M</del> I	FL 85 33186
Office Of re	edistered agent, or both, in the State (	of Florida, Such change was al	ithorized by the corporatio	oration submits this statement for the pon's board of directors. Thereby accept	ourpose of changing its registered by the appointment as registered
agerit. i ai	m familiar with, and accept the obliga	tions or, Section 607.0505. Flor	iga Statutes		-11/20/01/-
SIGNATURE	Signature type tion private marine of registered again.		Bisge hete. I Agent signature e-quin	od when reidstating)	DAIL
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
NAME	pd Moreno, george e	L DELETE	1.1 TILLE 1.2 NAME		CERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS 9015 SOUTHWEST 125 AVENUE, SUITE N201			1.3 STREET ADORESS		100
CITY-ST-ZIP	MIAMI FL 33186		1.4 C(TY - S1 - Z)P		1000
TITLE	STD	DELETE	2 1 TiTLE		Change Addition C
NAME CAREET ADDRESS	MORENO, VIENCHANMALAY	if other than	2 2 NAME		
STREET ADDRESS   City St-Zip	9015 SOUTHWEST 125 AVEN MIAMI FL 33188	UE, SUITE N201	2.3 STREET ADDRESS 2.4 CHY - ST-ZIP		
TITLE	With 1 F 20100	DELFTE	31 DILE		Change: Addition
NAME		<del></del>	3.2 NAME		Land 1 2 2 Land 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS			3 3 STHEET ADDRESS		
CITY - ST - ZIP TITLE		DELFTE	3.4 CITY - \$1 - ZIP	······································	
NAME			4 1 TITLE 4 2 NAME		Change Addition
STREET ADDRESS			4 3 STREET ADDRESS		
CiTY - ST - ZiP			4.4.C/1Y - \$1 - 7IP		
TITLE		DELFTE	5.1 TOLE		Change Add-tion
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5 3 STREET ADORESS		
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TIFLE		Change Addition
NAME		<del></del>	€ 2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	by certify that the information supplied	with this files of the state of	64 City-\$1-ZiP	for the ground or state of Control	110 07/07/1\ Fb : 1 0
made und	by certify that the mormation supplied rtify that the information indicated on t fer oath, that I am aff officer of director ame appears in Block 12 or Block 13 if	changed, or on an attachment	ver ar trustee empowered with an address	ly for the exemption stated in Section nd accurate and that my signature sha I to execute this report as required by /	Chapter 617, Florida Statutes, and
SIGNAT	URE:	THAT HE OF MIGNING OFFICER C	CIECTE MC	neno 7/28/96 (	305)514-2907