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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080695 (6)

AMERISHIP TRADING CORP.

Principal Place of Business Mailing Address

Mailing Address

Mailing Address

Mailing Address

FILED Apr 22 1997 8:00am Secretary of State



rencipal reace of business maining Address				,			
9015 SOUTHWE MIAMI FL 3318	EST 125 AVENUE. SUITE N201 6	9015 SOUTHWEST 125 MIAMI FL 33186-7147	AVENUE, SUITE N20	1			
				3.	Date Incorporated or Qualified 10/20/1995	3a. Date of Last 08/05/1996	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		FEI Number		Applied For
21		26			65-0614114		Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	0	City & State		6.	Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
7φ 24	Country Z _{IP} Country 26 29 30			8.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
=-11	9. Name and Address of Curr			10.	Name and Address of New Re	gistered Agent	
MOF	RENO, VIENCHANMALAY		61 Na	me			
9015 S.W. 125TH AVE. SUITE N-201 MIAMI FL 33186			82 Str	82 Street Address (P.O. Box Number is Not Acceptable)			
			63			·	
MINT	MI FE 53 100					Table 3	
			84 Cit				p Code
11. Pursuant t	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607,1508, Florida Sta	atutes, the above-names authorized by the	ned corporatio	on submits this statement for the p	urpose of changing	its registered
agent Lar	m familiar with, and accept the obl	igations of Section 607.0505	Florida Statutes.	voipoidiloria i	board of directors. Thoroby accept	A the appointment a	is registered
SIGNATURE						/PTP-11-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	Signature typed or printed name of registored a		NOTE Registered Agent sign			DATE	-
12.	PD OFFICERS A	IND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	MORENO, GEORGE E	₩ DETEIR	1.1 TITLE			Change	Addition
NAME	9015 SOUTHWEST 125 AVE	NITE STATE NOAL	1.2 NAME				
STREET ADDRESS	MIAMI FL 33186	HOL, GOIL HEVI	1.3 STREET ADDRE	:22			
Crty - ST - ZIP TITLE	STD	OFLETE	1.4 C/TY-ST-2/P 2.1 T/TLE			☐ Change	Addition
NAME	MORENO, VIENCHANMALAY		2.2 NAME			Critings	Land Fragition
STREET ADDRESS	9015 SOUTHWEST 125 AVE		2.2 NAME 2.3 STREET ADORE				
CHTY - ST - ZIP	MIAMI FL 33188	HOL, OUHL HEOF	2 4 CITY - ST - ZIP	\ '		•	
Title		☐ DELETE	3 1 TITLE			Change	Addition
NAME		–	32 NAME				
STREET ADDRESS			3.3 STREET ADDR	:00			
City-St-Zip			3.4. CITY-ST-ZIP	į.			
TITLE	. (Annual or annual or ann	☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME			<u> </u>	
STREET ADDIRESS			4.3 STREET ADDRE	ESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRI	ESS			
CHTY - \$1 - ZIP			5.4 CITY-ST-ZIP				
Tillé		DELETE	6.1 TITLE			Change	Addition
I							
NAME]		_ battle	6.2 NAME		•		
NAME STREET ADDRESS		~	6.2 NAME	FSS	•		
STREET ADDRESS CITY+ST-ZIP			6.2 NAME 6.3 STREET ADDRI 6.4 CITY-ST-ZIP	ESS			

4. I do hereby certify that the information surplied with this filing/dock-right quality 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; the ham an officer or director of the exporation or the receiver or trivele empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE

GE E. HORENO DO 4/15/97 (305) 596-614.

PROPER AARAHAS