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Mailing Address 7018 N.E. 2ND AVENUE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

7018 N.E. 2ND AVENUE



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Daytima Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082901 (6)

HARB INTERNATIONAL TRADING, INC.

MIAMI FL 33138-5508 **MIAMI FL 33138** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/30/1995 03/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0616090 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Ζip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 🔽 Yes 🗌 No 24 29 Florida Statutes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARB. YESAR 7018 N.E. 2ND AVE. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33138** 83 84 City Zip Code 85 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 ponted name of registered agent and fitter apolicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE HARB, YESAR 1.2 NAME NAM 7018 N.E. 2ND AVE. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33138** CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

SIGNING OFFICER OF DIRECTOR