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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000084224 (1)

LWZ TRADING, INC.

FILED Mar 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3370 N.E. 5TH AVENUE 3370 N.E. 5TH AVENUE OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/02/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0689103 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible X Yes □ No 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name ZABLOTSKY, LILY 3370 **NE** 5TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33334 83 Zip Code 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, typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE ZABLOTSKY, LILY NAME 1.2 NAME 3370 N.E. 5TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **OAKLAND PARK FL 33334** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP 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 DECETE Chappe Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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.

CICNIATURE.

3/24/98

954-565-8501