## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT
1996

	996						
DOCUM 1. Corporation I	1ENT # P9500	00086436 (9	9)				
	TRADING CORP.				A HORNINGS I AND HONDE SHAIR COMMIT DELIC	H ODANI DONON HANAR BUNN DIAN	1
Principal Place of	of Business						
11791 SW 31							
MIAMI FL 33175 MIAMI FL 33175					3. Date incorporated or Qualified 11/09/1995	3a. Date of Last Re	eport
2. Principal Plac	no of Puripose	2a, Mailing Address			4. FEI Number	X	Applied For
	DE OL DOSILIOSS	26		65-063418		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
City & State	0.00				6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Addec	d to Fees
Zip	Country	Zip		untry	8. This corporation has liability for Florida Statutes Yes	intangible tax under s No	199.032,
24	25	29	30	ſ	10. Name and Address of New Registered Agent		
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. 10		
						nto\	
	JUEZ, SUSANA M			82 Street Add	ress (P.O. Box Number is Not Acceptal	J <del>(G)</del>	
	W 31 TERR			83			
miami F	L 33175			84 City	85 Zip Code		
[84]					<b>FL</b>   ``		
or registere familiar with	ed agent, or both, in the State of H h, and accept the obligations of, S	ection 607.0505, Florida Statuti	9S.	corporation's board Agent signature require	ration submits this statement for the puriful of directors. I hereby accept the applications of the puriful of directors and the puriful of t	DATE	l agent. I am
12.	Signature typed or printed name of registered at OFFICERS	AND DIRECTORS	13		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	
TITUF	D	☐ DELETE	1.1	TITLE		☐ Change	Addition
NAME	RODRIGUEZ, SUSANA M		1.2	NAME			
STREET ADDRESS	11791 SW 31 TERR		1.3	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		1.4	CITY - ST - ZIP		FTI Chann	Addition
TITLE		☐ DELETE	2.1	TITLE		Change	□ Nontron
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		FIDELLI		CITY - ST - ZIP		☐ Change	Addition
TITLE		☐ DELETE					_
NAME				NAME STREET ADDRESS			
STREET ADDRESS				CITY-ST-ZIP			
CHTY-ST-ZIP		☐ DELETE		TITLE		☐ Change	☐ Addilion
THILE				NAME			
NAME STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ DELETE		TITLE		Change	☐ Addition
NAME			5.2	NAME			
STREET ADDRESS			5.3	STREET ADDRESS			
CITY-ST-ZIP				CHTY-ST-ZIP		C Cha	Addition
TITLE		DELETE		1 TITLE		☐ Change	Addition
NAMÉ				NAME			
CIDECT ADDRESS			6.3	STREET ADDRESS			

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 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 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 certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 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 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 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 certification in

SIGNATURE: 5

STREET ADDRESS

(305) 553-6395