FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMI OF STATE Sandra B. Miam

Secretary ofite DIVISION OF CORRATIONS

1996

P95000087646 (2) **DOCUMENT** # 1. Corporation Name

INTERNATIONAL TRADING ENTERPRISES GROUP, INC.

Principal Place of Bo	usiness	Mailing Address				
6219 N.W. 74TH AVENUE MIAMI FL 33166		8219 N.W. 74TH AVENUI MIAMI FL 33166	E			
				3. Date incorporated or Qualified 11/14/1995	3a. Date of Last Report	
2. Principa! Place of 8219 No.	f Business し、74な Av と	2a. Mailing Address	d A a	4. FEI Number	Applied For	
Suite, Apt. #, etc		26 8219NW:7	Y'AVE.	65-0636835	Not Applicable	
22	·	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State MIM 1 Zip	From	City & State 28 M / Am 7	FORIDA.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 ²¹ 33166	25 Country (25)	^{7/p} 29 33166.	an U.S.A	8. This corporation has liability for in		
	Name and Address of Current	29 53166. Registered Agent	30 ()·S·A	Florida Statutes Yes 10. Name and Address of New Re		
		Trogreted Agent	81 Name	to. Name and Address of New Ne	gistered Agent	
MERCHANT,	SAHMALI		L			
8219 N.W. 74			82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33166			83	83		
***************************************	100					
			84 City		FL 85 Zip Code	
Or redistered act	provisions of Sections 607.0502 ent, or both, in the State of Florida accept the obligations of, Section	Such chappa mas authoritud.	the a we-han ed corpora by theorpor ution's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	son of observing its registered affine	
SIGNATURE						
Stgnatur 12.	e typed or printed name of registered agent a	id she faqqiicable (Nigra	Regist: Agent signature reciored		DATE	
TITLE D	OFFICERS AND	·	11.	ADDITIONS/CHANGES TO OFFICE		
1 0	EDCHART CALBRALL	☐ DELETE	11 TLE		Change Addition	
	erchant, salimali 219 n.w. 74th avenue		1 IME			
	AMI FL 33166		PEET ADDRESS			
TITLE	PMH 7 L 33 100	DELETE	2 11 F		Change Addition	
NAME			2 105		Change Madinor	
STREET ADDRESS			2 REEL ADDRESS			
CITY-ST-ZIP			2			
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CITY - ST-ZIP			3 TY-ST-ZIP			
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NAME			4. FAME		_	
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CITY-ST-7IP			4.4 HY-ST-74P			
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NAME			5 2 VAME			
STREET ADDRESS			5 3STREET ADORESS			
C/TY-ST-Z/P	·····		5.40TM - ST - ZIP			
TITLE		☐ DEFELE	6 TITLE		Change Addition	
NAME			6 2NAME			
STREET ADDRESS			6.3\$TREET ADDRESS			
CHY-ST-ZiP	then the info		64CITY-ST-7IP			

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 logal 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 chapted, or on an attachment with an address.

GNATURE:

SIGNATURE: 5

SKSNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-96 Date

(305)863-6500 Daytime Phone *