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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092330 (6)

1. Corporation Name
LETUNICH TRADE, INC.



Principal Place of Business Mailing Address
1915 BRICKELL AVE., APT. C-1011 1915 BRICKELL AVE., APT. C-1011
BRICKELL PLACE - PHASE II BRICKELL PLACE - PHASE II
MIAMI FL 33129 MIAMI FL 33129-1736

3. Date Incorporated or Qualified 12/04/1995 3a. Date of Last Report 06/11/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0648164 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

BLANK, ROBERT H
ONE BISCAYNE TOWER, STE. 3636
2 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LETUNICH, NIKO 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETUNICH, MARIA VICTORIA V 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	12 NAME	
STREET ADDRESS	1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	14 CITY-ST-ZIP	
TITLE	D LETUNICH, MARIA V 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETUNICH, MARIA V 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	22 NAME	
STREET ADDRESS	1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	24 CITY-ST-ZIP	
TITLE	D LETUNICH, MARIA V 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETUNICH, MARIA V 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	32 NAME	
STREET ADDRESS	1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	34 CITY-ST-ZIP	
TITLE	D LETUNICH, MARIA V 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETUNICH, MARIA V 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	42 NAME	
STREET ADDRESS	1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	44 CITY-ST-ZIP	
TITLE	D LETUNICH, MARIA V 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETUNICH, MARIA V 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	52 NAME	
STREET ADDRESS	1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	54 CITY-ST-ZIP	
TITLE	D LETUNICH, MARIA V 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETUNICH, MARIA V 1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	62 NAME	
STREET ADDRESS	1915 BRICKELL AVE., APT. C-1011 MIAMI FL 33129	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	64 CITY-ST-ZIP	

14. I do hereby certify that the information submitted 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 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; and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)