## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000024102 (1)

1. Corporation Name CHRISTIAN TRADERS ASSOCATION, INC.  Principal Place of Business Mailing Address 13160 N.W. 7TH AVENUE MIAMI FL 33168 MIAMI FL 33168									; ;						
										3. Date Incorporate 03/18/1996	d or Qualified	3a. D	ate of Las	t Report	
2. Principal Place of Business				2a, Mail	ling Addres	s	-			4. FEI Number				Applied Fo	ır
1				26						65-0	649811			Not Applic	
Suite, Apt. #, etc.			ł;	Suite, Apt. #, etc.						5. Certificate of Stat	us Desired	X		5 Additiona Required	d
City & Sta	ite				& State					6. Election Campaig	n Financing			May Be	
23				28						Trust Fund Contri	_			d to Fees	
Ζiρ		Country	-	Zip		<u> </u>	Country	1		8. This corporation i				rs. 199.032	2,
24		25 and Address of		29 egistered	i Agent	30				Florida Statutes  10. Name and Addre		Yes egistered			
PH	ANORD, RU		30	-8.010.00			81	Name		141 130 THE PARTY					
	N.W. 183R						82	Street	Addres	ss (P.O. Box Number is	Not Accents	thle)			
NORTH MIAMI BEACH FL 33162								Sireet Addre						<b></b>	
							83								
							84	City				FL	85 Z	p Code	—
												ГЬ			
11. Pursuant office or agent 1:	t to the provisi registered ag am familiar wi	ons of Sections tent, or both, in the	607.0502 ar ne State of F ne obligation	nd 607.15 Torida. Si ns of, Sec	508, Florida uch change ction 607.05	Statutes, the was author 05, Florida (	e abov rized by Statute	e-named y the corr s.	corpo poratio	eration submits this staten's board of directors.	ement for the I hereby acce	purpose o pt the app	of changing pointment	g its registe as registere	red od
11. Pursuant office or agent 1: SIGNATURE		or printed name of reg		nd litle i' appli	icable	(NOTE Regis				oration submits this state in a board of directors.  If when reinslating)  ADDITIONS/CHAN		DATE			red
SIGNATURE	Signature, typed	or printed name of reg OFFICE	slered agent an	nd litle i' appli	icable	(NOTE Regis	stored Agr			l when reinstating)		DATE		ORS IN 12	
SIGNATURE  12. TITLE NAME	Signature, typed PHANOR	or printed name of reg OFFICE D, RUBEN	stered agent and RS AND DI	nd litle i' appli	icable IS	(NOTE Regis	stored Agr 13. 1.1 TITLE 1.2 NAME	ent signáture		l when reinstating)		DATE	D DIRECT	ORS IN 12	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P PHANOR 970 N.E. N. MIAMI	OFFICE OFFICE D, RUBEN 163RD STREE BEACH FL 33	Stered agent and ERS AND DI T	nd litle i' appli	icable IS	(NOTE Regis TE 1 1 1 1 1 1 1 2	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ent signature	e required	l when reinslating) ADDITIONS/CHAN	GES TO OFF	DATE CERS AN	D DIRECT	ORS IN 12 e Add	lition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exchiption 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 trusted 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 at the address.

**FILED** 

Aug 14 1997 8:00am

Secretary of State