

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

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AND
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1997 JUN 26 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000032478 (5)
1. Corporation Name
COMMODITIES MANAGEMENT CORP.



Principal Place of Business POST OFFICE BOX 161968 MIAMI FL 33116	Mailing Address POST OFFICE BOX 161968 MIAMI FL 33116
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3. Date Incorporated or Qualified 04/10/1996	3a. Date of Last Report
4. FEI Number 65-0669196	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 11410 N. KENDALL DR.	22. Suite, Apt. #, etc. SUITE # 209	23. City & State MIAMI FL	24. Zip 33176	25. Country USA	26. Mailing Address 11410 N. KENDALL DR.	27. Suite, Apt. #, etc. SUITE # 209	28. City & State MIAMI FL	29. Zip 33176	30. Country USA
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9. Name and Address of Current Registered Agent
LOUGHLIN, ROBERT J
10661 N KENDALL DRIVE STE 118
MIAMI FL 33176

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. State	85. Zip Code
	11410 N. KENDALL DRIVE	MIAMI	FL	33176

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: **Robert J. Loughlin, President Robert J. Loughlin** DATE: **4-23-97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUGHLIN, BERTHA F	
STREET ADDRESS	POST OFFICE BOX 161968	N/A
CITY-ST-ZIP	MIAMI FL 33116	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	000002228080--4
1.3 STREET ADDRESS	-07/01/97--01079--025
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P/S/D ROBERT J. LOUGHLIN
2.3 STREET ADDRESS	11410 N. KENDALL DRIVE #209
2.4 CITY-ST-ZIP	MIAMI FL 33176
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V/D TOMAS E. ALVAREZ
3.3 STREET ADDRESS	11410 N. KENDALL DRIVE #209
3.4 CITY-ST-ZIP	MIAMI FL 33176
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Bert F. Loughlin, President Robert J. Loughlin** DATE: **4-23-97**

CR2E034 (9/96)