

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

FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000049556
 1. Corporation Name
U.S. FOREIGN TRADE ASSOCIATION & INSTITUTE

Principal Place of Business 6851 YUMURI ST. SUITE ONE CORAL GABLES, FL. 33146	Mailing Address P.O. BOX 520595 MIAMI, FL. 33152
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3. Date Incorporated or Qualified JUNE 10, 1996	3a. Date of Last Report
4. FEI Number 65-0670993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**AMERILAWYER
 343 ALMERIA AV.
 CORAL GABLES, FL. 33134**

10. Name and Address of New Registered Agent

81. Name GEORGE ALESSANDRI II
82. Street Address (P.O. Box Number is Not Acceptable) 6851 YUMURI ST.
83. SUITE ONE
84. City CORAL GABLES
85. Zip Code FL 33146

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: *[Signature]* (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT C.E.O.	<input type="checkbox"/> DELETE
NAME	GEORGE ALESSANDRI II	
STREET ADDRESS	6851 YUMURI ST-SUITE ONE	
CITY-ST-ZIP	CORAL GABLES-FL. 33146	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	FERNAND ALESSANDRI	
STREET ADDRESS	6851 YUMURI ST-SUITE ONE	
CITY-ST-ZIP	CORAL GABLES-FL. 33146	<input type="checkbox"/> DELETE
TITLE	MARISELLA P. PATARINO	<input type="checkbox"/> DELETE
NAME	SECRETARY	
STREET ADDRESS	6851 YUMURI ST-SUITE ONE	
CITY-ST-ZIP	CORAL GABLES-FL. 33146	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE #: **305-460-8085**

CR2E034 (9/96)