

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000058381 (0)**

1. Corporation Name

**ABC INTERNATIONAL TRADE CORP.**

Principal Place of Business

**5400 26TH STREET WEST NO. K-166  
BRADENTON FL 34207**

Mailing Address

**5400 26TH STREET WEST NO. K-166  
BRADENTON FL 34207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>4124 53<sup>RD</sup> Ave W.</b>		26 <b>4124 53<sup>RD</sup> Ave W.</b>		07/11/1996	
22 Suite, Apt. #, etc. <b>520</b>		27 Suite, Apt. #, etc. <b>520</b>		4. FEI Number <b>65-0679797</b>	
23 City & State <b>BRADENTON FL</b>		28 City & State <b>BRADENTON</b>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
24 Zip <b>34210</b>		29 Zip <b>34210</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country <b>USA</b>		30 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VIALA, RENE-MARIE  
5400 26TH STREET WEST NO. K-166  
BRADENTON FL 34207**

10. Name and Address of New Registered Agent

81 Name	<b>VIALA RENE-MARIE</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<b>4124 53<sup>RD</sup> Ave W. Suite 520</b>
84 City	<b>BRADENTON FL</b>
85 Zip Code	<b>34210</b>

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE



**RENE-MARIE VIALA**

**APRIL 30<sup>TH</sup> 98**

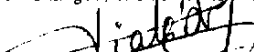
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIALA, RENE-MARIE</b>	1.2 NAME	<b>VIALA RENE-MARIE</b>
STREET ADDRESS	<b>5400 26TH STREET WEST NO. K-166</b>	1.3 STREET ADDRESS	<b>4124 53<sup>RD</sup> Ave W. Suite 520</b>
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	1.4 CITY-ST-ZIP	<b>BRADENTON FL 34210</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 any attachment with an address.

SIGNATURE:



**RENE-MARIE VIALA**

**4-30-98 (941) 753-9039**

CR2E034 (1097)