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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 07 1997 8:00am

Secretary of State

DOCUMENT # P96000059710 (9)

A J TRADING CORPORATION

Principal Place of Business 8925 S.W. 45 LANE #2 MIAMI FL 33155			Mailing Address 6825 S.W. 45 LANE #2 MIAMI FL 33155-6821							
							3. Date Incorporated or Qualified 07/15/1996	3a. Date of La	ist Report	
⊢	lace of Business	28.	Mailing Address				4. FEI Number		Applied F	or
21 Cuito Ant	# 414	26	0.3. 8.1 #				65-0677631		Not Appli	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Addition e Required	
City & State		27	City & State				6. Election Campaign Financing			
23			28						. 00 May Bi	
Zip			Zip Cou				8. This corporation has liability for inta			
24	25		29 30				Florida Statutes Yes No			
	9. Name and Address of Currer	t Regist	ered Agent				10. Name and Address of New Regis	stered Agent		
	DO, CESAR R ESQ				B1	Name				
2903 SALZEDO STREET			82		Street Add	dress (P.O. Box Number is Not Acceptable))			
COF	VAL GABLES FL 33134			-	В3	** *****				
					0.3					
				Ē	84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607 050	2 and 60	7 1508 Florida Statu	tes, the abr	0)/(0	-named col	rogration submits this statement for the nurr	nose of changi	na ite ragiel	torod
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florid	a. Such change was	authorized	by	the corpora	rporation submits this statement for the purpation's board of directors. I hereby accept t	he appointmen	il as registe	жед
, , ,	Tarranar with, and accept the obligi	ations of	3000011 607.0303, F	iona Statu	nes.	•				
SIGNATURE	Shinature, typod or printed name of registereo ago	et and lite i	fapplicable (NO	11 Fiegistered	Ágar	nt signature requ	ured when reinstating)	DATE		
12.	OFFICERS AN	O DIREC	1ORS	13.			ADDITIONS/CHANGES TO OFFICER	RS AND DIREC	TORS IN 1	2
TITLE	U ·		☐ DELETE 1		1) TITLE			☐ Cha	nge 🔲 Ar	ddition
, NAME	ALAMO, ALEX J			1.2 NAN	Æ					
STREET ADDRESS	682 SW 45 LANE #2			1.3 S1R	EET A	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155			1.4 C·TY		I - ZIP				
TITLE			☐ DELETE	2.1 7111				[] Chai	nge [_] Ad	ddition
NAME				2.2 NAN						
STREET ADDRESS				2.3 \$1R	EET /	ADDRESS				
CITY-ST-ZIP TITLE			DELETE	2. 4 CIT	_	T- ZIP				3 191
NAME			ביין מבננים	3.1 TiTL				∐ Chai	iĝe ["T vo	ddilion
STREET ADDRESS				3.2 NAN		ADDRESS				
				5.5 5.11						
CITY-ST-ZIP TITLE			DELETE	3.4. CIT	_	1 - ZIP		Char	000 1 1	ddilion
NAME			L.J Ottere	4.1 mc		ļ		LJ Vildi	ige [_] At	uuilloit
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CITY						
TITLE			DELETE	5.1 TITU		- 211		Char	nge [] Ad	ddition
NAME				5.2 NAM						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CITY						
TITLE			DELF1E	6.1 TITU				Char	nge 🔲 Ad	ddition
NAME				6.2 NAM	1E					
STREET ADDRESS						ADDRESS				

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 eath; that I am an officer or director of the comprisition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name