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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061129 (8)

1. Corporation Name
AMEXTRADE IMPORT & EXPORT, INC.

Principal Place of Business
8315 NW 64TH STREET #1
MIAMI FL 33166

Mailing Address
8315 NW 64TH STREET #1
MIAMI FL 33166-2657

3. Date Incorporated or Qualified: 07/22/1996
3a. Date of Last Report: N/A
4. FEI Number: 65-0684381 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21 ___
Suite, Apt. #, etc.
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 4555 NW 99 Ave
Suite, Apt. #, etc.
27 304
City & State
28 Miami, FL
Zip 29 33178 Country 30 USA

9. Name and Address of Current Registered Agent
ALBURITEL, JOSE A MR
8315 NW 64TH STREET #1
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name: LOUIS F. CAST
82 Street Address (P.O. Box Number is Not Acceptable): 10311 SW 56 Street
83
84 City: MIAMI FL 85 Zip Code: 33165

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] DATE 1-17-97

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE	
NAME	ALBURITEL, JOSE A		
STREET ADDRESS	8315 NW 64TH STREET #1		
CITY-ST-ZIP	MIAMI FL 33166		
TITLE	D	[ ] DELETE	
NAME	SOUZA, GUSTAVO		
STREET ADDRESS	8315 NW 64TH STREET #1		
CITY-ST-ZIP	MIAMI FL 33166		
TITLE		[ ] DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		[ ] Change [ ] Addition
2 TITLE	PRESIDENT + DIRECTOR	[X] Change [ ] Addition
2 NAME	SOUZA, GUSTAVO	
2 STREET ADDRESS / 2 CITY-ST-ZIP		
3 TITLE / 3 NAME	ALEXANDRA CESARE V.P.+S+D	[ ] Change [X] Addition
3 STREET ADDRESS	105 WEST 56 STREET	
3 CITY-ST-ZIP	HIALEAH - FLORIDA 33012	
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		[ ] Change [ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		[ ] Change [ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (9/96)

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.