

1-22-97 P-0445-

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
Jan 22 1997 8:00 am
Secretary of State

DOCUMENT # P96000076340 (4)

1. Corporation Name
VITA TRADING CORP.



Principal Place of Business
18031 BISCAYNE BLVD., SUITE 303
AVENTURA FL 33160

Mailing Address
18031 BISCAYNE BLVD., SUITE 303
AVENTURA FL 33160-2519

3. Date Incorporated or Qualified 09/12/1996
3a. Date of Last Report

2. Principal Place of Business
21 1111 KANE CONCOURSE
Suite, Apt #, etc

2a. Mailing Address
26 1111 KANE CONCOURSE
Suite, Apt #, etc

4. FEI Number 65-0694292
Applied For Not Applicable

22 SUITE 518
City & State

27 SUITE 518
City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 BAY HARBOR ISLANDS, FL
Zip Country

28 BAY HARBOR ISLANDS, FL
Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33154 25 U.S.A.

29 33154 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLBIRER, ARTHUR
18031 BISCAYNE BLVD., SUITE 303
AVENTURA FL 33180

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	ARTHUR BOLBIRER
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 518
CITY - ST - ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARTHUR BOLBIRER
1.3 STREET ADDRESS	1111 KANE CONCOURSE, SUITE 518
1.4 CITY - ST - ZIP	BAY HARBOR ISLANDS, FL 33154
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 hereon and, or on an attachment, with an address

SIGNATURE: Arthur Bolbierer ARTHUR BOLBIRER 1/14/97 (309)865-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)