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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000080404 (2)

1. Corporation Name  
TRADING INTERNATIONAL, CORP.

Principal Place of Business  
1800 SW 27 AVE., STE. 501  
MIAMI FL 33145

Mailing Address  
1800 SW 27 AVE., STE. 501  
MIAMI FL 33145-2400



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 650704609		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent AMERICAN CORPORATE & DISBURSEMENT SERVICES, INC. 1800 SW 27 AVE., STE. 501 MIAMI FL 33145 <i>CHANGE</i>				10. Name and Address of New Registered Agent			
81 Name SCINTO, LEONARDO A.E.				82 Street Address (P.O. Box Number is Not Acceptable) 1800 S.W. 27 AVE. STE. 501			
83				84 City MIAMI			
85 Zip Code 33145							
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 <i>Leonardo A.E. Scinto</i> DATE <i>4/23/97</i> <small>Signature required for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <i>Pres</i> <input type="checkbox"/> DELETE NAME SCINTO, LEONARDO A. E. STREET ADDRESS 1800 SW 27 AVE., STE. 501 CITY-ST-ZIP MIAMI FL 33145				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <i>D</i> <input checked="" type="checkbox"/> DELETE NAME RAGAZZO, MARIO STREET ADDRESS 1800 SW 27 AVE., STE. 501 CITY-ST-ZIP MIAMI FL 33145				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <i>D</i> <input checked="" type="checkbox"/> DELETE NAME ROSES, JOSEPH STREET ADDRESS 1800 SW 27 AVE., STE. 501 CITY-ST-ZIP MIAMI FL 33145				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, changed, or on an attachment with an address.

SIGNATURE: *Leonardo A.E. Scinto* DATE *4/23/97* (207) 868-0039  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)