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



POCUMENT # P96000082291 (1)

	Data da al Diagona de	
1	Principal Place of Business	Mailing Address
	9555 8W 148 AVVE. CIR. N. MIAMI FL 33196	9555 SW 148 AVVE. CIR. N. MIAMI FL 33196-1689

FILED Apr 21 1997 8:00am Secretary of State



	PROFIT RPORATION UAL REPORT 1997	Sandra E Secreta	RIMENT OF STATE B. Mortham Try of State CORPORATIONS		997 8:00an ry of State
F & D	TRADING CORP. De of Business AVVE. CIR. N.	Mailing Address 9555 SW 148 AVVE. CIR. MIAMI FL 33196-1689	N.		
· ·	Place of Business	2a. Mailing Address		Date Incorporated or Qualified 10/04/1996 FEI Number	3a. Date of Last Report Applied For
21 Suite, Apt	# etc.	26 Suite, Apt. #, etc.		65-0699836	Not Applicable
22	·	27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	29	30	Florida Statutes	Yes 🔲 No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Regi	stered Agent
796	RONADO, NESTOR 10 CORAL WAY, STE. 21				
	MI FL 33155		82 Street Add	dress (P.O. Box Number is Not Acceptable)
	, •		83		
			84 City		85 Zip Code
71 6					
office or agent. I a SIGNATURE	Signature, typod or printed name of registered ag		authorized by the corpora orida Statutes. Registered Agent signature requi	rporation submits this statement for the puration's board of directors. I hereby accept uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	DP	DELETE	1.1 TITLE	ADDITIONS OF ANALS TO OFFICE	Change Addition
NAME	FASSIOLI, MARIA D		1.2 NAME		_ · _
STREET ADDRESS	9555 SW 148 AVVE. CIR. N.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33196 DS	DELETE	1.4 CITY - ST - ZIP		
NAME	FASSIOLI, HUGO F	- vecet	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	9555 SW 148 AVVE. CIR. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME CORECT ADDRESS			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3 3 STREET ADDRESS 3 4. CITY - ST - ZIP		
TITLE		DELETE	41 7/1LE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ NELETE	4.4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STRLET ADDRESS 5.4 City-St-Zip		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		-	6.2 NAME		المالين
STREET ADDRESS			6.3 STREET ADDRESS		
C(TY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

MARIA D. FASSIOI,