✓ SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082309 (1)

KIM TRADING INC.

Principal Place of Business

Mailing Address

4203 NW SOTH AVENUE

FILED Sep 18 1997 8:00am Secretary of State



MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/04/1996 4. FEI Number Applied For 2. Principal Place of Busines 21 560 N W 2a. Mailing Address NW 82 PL 560 NW 82 PL APPLIS L Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 23 28 Country Country 8. This corporation owes or has paid the current year Intangible DAOU DADE Yes □ No Personal Property Tax due June 30. 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHIN. RICARDO L COS AND SOME TOTAL STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMLEL 00442 84 City MAAMI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSD Addition Change ■ DELETE 1.1 TITLE TITLE CHIN, RICARDO L 1.2 NAME NAME APT 300 1205 NW SOTH AVENUE 1.3 STREET ADDRESS STREET ADDRESS MAMI FL 88142 1.4 DITY-ST-ZIP City-ST-7IP DELETÉ 2.1 TITLE TITLE 2.2 NAME NAME 300 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZiP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 if changed, or on an attachment with an address.