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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000082665 (6)

ICON TRADERS INC.

Principal Place of Business		Mailing Address	Mailing Address			
14811 8W 150 MIAMI FL 33196		14811 SW 150 MIAMI FL 33196				
					3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26	· <del>  · · · · · · · · · · · · · · · · · ·</del>			Not Applicable
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23		<b>├</b> ─┐	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Zip Country		8. This corporation has liability for	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent
	IG, PATRICIA P		81	Name		,
	11 SW 150		82	Street Ad	et Address (P.O. Box Number is Not Acceptable)	
MIAI	MI FL 33196		83			
			84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				e-named co	rporation submits this statement for the p	urrose 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		<b>.</b>				
	Signature, typed or printed name of registere			nt signature req	Jured when reinstaling)	DATE
12.	OFFICERS AND DIRECTORS 13.  D DELETE 1.11		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE NAME	D Sang, Patricia P			ł		Change (
STREET ADDRESS	14811 SW 150		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-\$1-ZIP			
TITLE	D DELETE		2.1 TITLE			Change Addition
NAME	SHIM-QUEE, LENA		2.2 NAME			
STREET ADDRESS	11723 SW 128 PL.		2.3 STREET ADDRESS		•	· · · · · ·
CITY-ST-ZIP	MIAMI FL 33186	. AL NE FARREST	2. 4 CITY-ST-ZIP			
TITLE			3 1 11TLE			Change Addition
NAME	1		3 2 NAME			ļ
STREET ADDRESS	55		3.3 STREET			
CITY-ST-ZIP TITLE			3.4. CHY-1	51 - ZIP'		Change Addition
NAME	- E		4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		4,4		1 - ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE			Change Addition
NAME	5.2		5.2 NAME			
STREET ADDRESS	}		5.3 STREET ADDRESS			
CITY-\$T-ZIP			5.4 C1TY - S	IT - ZIP		
TITLE			61 THLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STRÉET	ADDRESS		

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.