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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000092366 (9) INTERNATIONAL TRADING SERVICES, INC. Principal Place of Business Mailing Address 5347 S.W. 153RD AVE 5347 S.W. 153RD AVE MIAMI FL 33185 MIAMI FL 33185 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 11/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0707245 21 Suite, Apt. #, etc. Suito, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 口 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible M No 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DALE, JERRY M 8370 WEST FLAGLER ST. 82 Street Address (P.O. Box Number is Not Acceptable) 252 83 **MIAMI FL 33144** 84 City Zip Code 85 FI 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 product name of repetered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 7171.6 LEETS, EDMUNDO J 1.2 NAME NAME 5347 S.W. 153 AVE STREET ADDRESS 1.3 STREET ADDRESS MÎAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE Change Addition TITLE 21 TITLE LEETS, RITA NAME 2.2 NAME 5347 S.W. 153 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 C(1Y - \$1 - Z)P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y - S1 - Z(P DELETE Change Addition TITLE 4.1 THE NAME 4. 2 NAME STREET ADDRESS 4.3 STRELT ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or typical impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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