

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

FILED  
Apr 09 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 # P96000100807 (2)

1. Corporation Name:  
MISSISSIPPI TRADING, INC.



Principal Place of Business  
801 NORTHEAST 167TH ST.  
SUITE 300  
NORTH MIAMI BEACH FL 33162

Mailing Address  
801 NORTHEAST 167TH ST.  
SUITE 300  
NORTH MIAMI BEACH FL 33162-3729

2. Principal Place of Business  
21 11701 INTERCHANGE SOUTH  
Suite, Apt. #, etc.

2a. Mailing Address  
26 11701 INTERCHANGE SOUTH  
Suite, Apt. #, etc.

22 City & State  
23 MIAMI FL

27 City & State  
28 MIAMI FL

24 Zip 33075  
25 Country

29 Zip 33075  
30 Country

3. Date Incorporated or Qualified  
12/13/1996

3a. Date of Last Report  
INITIAL

4. FEI Number  
65-0716484  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH ST.  
SUITE 300  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	GERSON, STUART	<input type="checkbox"/> DELETE
NAME	159 FIELDS ROCK RD.	
STREET ADDRESS	SOUTHPORT CT 06490	
CITY - ST - ZIP		
TITLE	KIPPERMAN, ERIC	<input type="checkbox"/> DELETE
NAME	9 COVENTRY RD.	
STREET ADDRESS	LIVINGSTON NJ 07039	
CITY - ST - ZIP		
TITLE	JOSEPH LAFAUCI	<input type="checkbox"/> DELETE
NAME	67 STEWART ST	
STREET ADDRESS	DEMAEST, NJ 07627	
CITY - ST - ZIP		
TITLE	STANLEY BERNSTEIN	<input type="checkbox"/> DELETE
NAME	1506 FOREST AVE	
STREET ADDRESS	ROSELAND, NJ 07068	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	SECRETARY - TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0004108

CR2E034 (9/96)