

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

FILED
Feb 24 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 # P96000101613 (3)
 1. Corporation Name:
QUEST INTERNATIONAL TRADING, CORP.



Principal Place of Business 121 SE 2ND AVE. MIAMI FL 33131		Mailing Address 121 SE 2ND AVE. MIAMI FL 33131-1501		3. Date Incorporated or Qualified 12/17/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0713436	Applied For Not Applicable		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country	25. Country	29. Zip	30. Country		

9. Name and Address of Current Registered Agent FONTES, DANIELA S 141 CRANDON BLVD. #434 KEY BISCAVNE FL 33149		10. Name and Address of New Registered Agent			
		B1. Name			
		B2. Street Address (P.O. Box Number is Not Acceptable)			
		B3.			
		B4. City	FL	B5. 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 _____ DATE _____
Signature required for principal officer of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTES, DANIELA S	1.2 NAME	
STREET ADDRESS	141 CRANDON BLVD., #434	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	1.4 CITY-ST-ZIP	
TITLE	DSV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSO, EDUARDO	2.2 NAME	
STREET ADDRESS	141 CRANDON BLVD., #434	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *Daniela S. Fontes* **Daniela S. Fontes** 2/19/97
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone # 0002829

CR2E034 (9/96)