
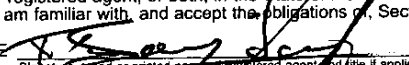


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 15, 1999 8:00 am
Secretary of State

02-15-1999 90008 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # P97000011677						
1. Corporation Name TRIPLE S TRADING CORPORATION						
Principal Place of Business 633 DESOTO DRIVE MIAMI SPRINGS FL 33166			Mailing Address 633 DESOTO DRIVE MIAMI SPRINGS FL 33166			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1997		
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0725157	Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Country	29	Zip	30	Country	
9. Name and Address of Current Registered Agent SINGH, BONNY 633 DESOTO DRIVE MIAMI SPRINGS FL 33166			10. Name and Address of New Registered Agent			
			81	Name		
			82	Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City	85	Zip Code
			FL			
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 9/9/1/27						
(NOTE: Registered Agent signature required when reinstating)						
12. OFFICERS AND DIRECTORS						
TITLE	P	<input type="checkbox"/> DELETE				
NAME	SINGH, BONNY					
STREET ADDRESS	633 DESOTO DR					
CITY-ST-ZIP	MIAMI SPRGS FL 33166					
TITLE		<input type="checkbox"/> DELETE				
NAME						
STREET ADDRESS						
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						
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME						
1.3 STREET ADDRESS						
1.4 CITY-ST-ZIP						
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME						
2.3 STREET ADDRESS						
2.4 CITY-ST-ZIP						
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME						
3.3 STREET ADDRESS						
3.4 CITY-ST-ZIP						
4.1 TITLE		<input type="checkbox"/> Change <input 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						



DO NOT WRITE IN THIS SPACE

14. I 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, with all other like empowered.

SIGNATURE:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/1/27 305-887-2316
Date Daytime Phone #

CR2E034 (11/98)