

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000039840 (8)**

1. Corporation Name
SPECIALTY TRADING, INC.



Principal Place of Business 9125 SW 77 AVENUE SUITE A-803 MIAMI FL 33156 5701 N.W. 79 AVE. MIAMI, FLORIDA 33166	Mailing Address 9125 SW 77 AVENUE SUITE A-803 MIAMI FL 33156 5701 N.W. 79 AVE. MIAMI, FLORIDA 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5701 N.W. 79 Ave Suite, Apt. #, etc. 22 City & State 23 Miami Florida Zip 24 33166 Country 25 E.E.U.U.	2a. Mailing Address 26 5701 N.W. 79 Ave Suite, Apt. #, etc. 27 City & State 28 Miami Florida Zip 29 33166 Country 30 E.E.U.U.	3. Date Incorporated or Qualified 05/05/1997 4. FEI Number 65-0751948 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**RIVAS, JESUS JULIAN
9125 SW 77 AVENUE SUITE A-803
MIAMI FL 33156**

81 Name Rivas, Jesus Julian
82 Street Address (P.O. Box Number is Not Acceptable) 5701 N.W. 79 Ave
83
84 City Miami Florida FL
85 Zip Code 33166

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	TREASURY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVAS, JESUS JULIAN	1.2 NAME	RIVEROS, RICARDO
STREET ADDRESS	9125 SW 77 AVENUE SUITE A-803	1.3 STREET ADDRESS	11032 S.W. 77 COURT CIRCLE
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33156
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LABURU, MARTIN	2.2 NAME	REYES, ALVARO
STREET ADDRESS	9125 SW 77 AVENUE SUITE A-803	2.3 STREET ADDRESS	15481 S.W. 86 TERRACE
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33193
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Second VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Ospina Marina
STREET ADDRESS		3.3 STREET ADDRESS	9125 S.W. 77 Ave Suite A-803
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami Florida 33156
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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:

Alvaro Reyes 3/10/98

CR2E034 (10/97)