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

CORPORATION ANNUAL REPORT 1998 DOCUMENT # P97000044168 (7) STRATEGIC COMMODITY TRADING, INC. Principal Place of Business 1155 LOUISIANA AVENUE SUITE 100 WINTER PARK FL 32789

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 07 1998 8:00am Secretary of State

Mailing Address 1155 LOUISIANA AVENUE SUITE 100 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32789 3. Date Incorporated or Qualified 05/19/1997 2a, Mailing Addres Applied For Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible US A X Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 61 Name ABRAHAM COFNAS 4155 LOUIGIANA-AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 OUTTE 100 83 WINTER PARK FL 32789-SUITE 202 84 City Zip Code 32789 WINTER PARK 11. Pursuant to the provisioffice or registered a agent. I am familiar ons 607.050° and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of purpose of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 UTLE TITLE COFNAS, ABRAHAM 1.2 NAME NAME ABRAHAM COFNAS 1155 LOUISIANA AVENUE STE-100 STREET ADDRESS 1.3 STREET ADDRESS 1177 LOUISIANA AVE. STE 202 WINTER PARK FL 32769 CITY-ST-ZIP 1.4 CITY-ST-ZIP WINTER PARK, FL 32789 DELETE \_\_ Change TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 3.1 11714 NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-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 informat indicated on this annual report or supplemental annual report is true as accurate and that my signature shall have the same legal effect as if made under eath; that I am a officer or director of the corporation or the accessory trustee employed 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 any attact the truth and address.

SIGNATURE:

4/2/98