FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR)

ÉIÏ ÉD

DOCUMENT # P97000050875 (8) 1. Entity Name

GENERAL TRADE INTERNATIONAL CORPORATION

02 APR 29 AM 9: 26

SECHETARY OF STATE TALLAHASSEE, FLORIDA

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2. Principal Place of Bu 8600 N.W.	siness 53 Terrace	3. Mailing Address 8600 N.W. 5	3 Terrace	
Suite. Apt. #, etc. Suite 201		Suite. Apt. #, etc.		
City & State		Suite 201 City & State		
Miami, Flo	rida	Miami, Florida		
Ziρ	Country	Zip	Country	
33166	U.S.A.	33166	U.S.A.	

DO NOT WRITE

IN THIS SPACE

DO NOT WRITE IN THIS SPACE

Applied For 65-0764556 Not Applicable \$8.75 Additional

7. Name and Address of Current Registered Agent Name Isaac Ordonez

Street Address (P.O. Box Number is Not Acceptable) 5055 N.W. 77 Avenue

4. FEI Number

Mlami

Zin Code 33166

Fee Required

8. The above named entity submits this statement who persons of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _ retardened popul and into diapplicable

Isaac Ordonez, President April (NOTE, Registered Agent signature required who

5. Certificate of Status Desired

9. This corporation is eligible to satisfy its Intengible Tax filling requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS THE Ordonez, Isaac 5055 N.W. 77 Avenue NAME NAME 500005491965---05/08/02--01046--031 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, Florida 33166 CITY-ST-ZIP ****150.00 ****150.00 HILL TOTLE 05-08-02-01046 025 NAME NAME STREET ADDRESS STREET ADDRESS \$150.00 \$150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME

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CITY-ST-7JP 13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outly 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 11 or on an attachment with an address, with all other like e

TOTE

NAME

STREET ADORESS

SIGNATURE:

TITLE

HAME

STREET ADDRESS

CITY ST 70

OF TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2002

(305)477-5671

Daytime Proce # ox 5/7/02