

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

FILED

Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000073412 (3)

1. Corporation Name
QUICKTRADES, INC.



Principal Place of Business 205 SE 4TH TERR NORTH DANIA FL 33004	Mailing Address 205 SE 4TH TERR NORTH DANIA FL 33004
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 499 SHERIDAN ST. 22 # 200 23 DANIA, FLA. 24 33004 25 USA		2a. Mailing Address 26 499 SHERIDAN ST. 27 # 200 28 DANIA, FLA. 29 33004 30 USA		3. Date Incorporated or Qualified 08/25/1997	
4. FEI Number 65-0753929		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MULLIN, JAMES G 2263 NW BOCA RATON BLVD #205 BOCA RATON FL 33431		10. Name and Address of New Registered Agent		85 Zip Code	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V
NAME	ALFONSO, MARIA-ELENA	1.2 NAME	ALFONSO, MARIA-ELENA
STREET ADDRESS	205 SE 4TH TERR NORTH	1.3 STREET ADDRESS	1450 POLK ST.
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D	2.1 TITLE	S
NAME	TOMLINSON, SCOTT	2.2 NAME	
STREET ADDRESS	995 WEEPING WILLOW WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	T
NAME	WALGRAVE, DAVE	3.2 NAME	
STREET ADDRESS	209 SE 4TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	P
NAME	WALGRAVE, SHAUNA	4.2 NAME	
STREET ADDRESS	209 SE 4TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Maria Elena Alfonso* VICE PRESIDENT MARIA-ELENA ALFONSO 4/6/98 888-975-6975

CR2E034 (10/97)