


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90096 017 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																									
<b>DOCUMENT # P98000057572</b> 1. Corporation Name <b>FASIL TRADING CORPORATION</b>																											
Principal Place of Business <b>3446 SW 8TH STREET SUITE 203</b> <b>MIAMI FL 33135</b>		Mailing Address <b>3446 SW 8TH STREET SUITE 203</b> <b>MIAMI FL 33135</b>																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																									
9. Name and Address of Current Registered Agent <b>OBANDO, SILVIO</b> <b>3446 SW 8TH STREET SUITE 203</b> <b>MIAMI FL 33135</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ Signatures, typed or printed name of registered agent and title if applicable.																											
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D-P-S</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>OBANDO, SILVIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3446 SW 8TH STREET SUITE 203</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33135</td> <td></td> </tr> </table>		TITLE	D-P-S	<input type="checkbox"/> DELETE	NAME	OBANDO, SILVIO		STREET ADDRESS	3446 SW 8TH STREET SUITE 203		CITY-ST-ZIP	MIAMI FL 33135		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP		
TITLE	D-P-S	<input type="checkbox"/> DELETE																									
NAME	OBANDO, SILVIO																										
STREET ADDRESS	3446 SW 8TH STREET SUITE 203																										
CITY-ST-ZIP	MIAMI FL 33135																										
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
1.2 NAME																											
1.3 STREET ADDRESS																											
1.4 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)