


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90016 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000106641

1. Corporation Name
KOBRA TRADING, INC.



Principal Place of Business 2101 NORTHWEST 33RD STREET SUITE 2000A POMPANO BEACH FL 33069	Mailing Address 2101 NORTHWEST 33RD STREET SUITE 2000A POMPANO BEACH FL 33069
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0879506	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KLAPHOLZ, JOSEPH P
2500 HOLLYWOOD BLVD. STE. 212
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2	
TITLE	SPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKOWITZ, BARRY J	1.2 NAME	SHEILA E. BERKOWITZ
STREET ADDRESS	2101 NORTHWEST 33RD STREET SUITE 2000A	1.3 STREET ADDRESS	2101 NW 33RD ST., SUITE 2000A
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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)(l), 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 *Sheila E. Berkowitz* **SHEILA E. BERKOWITZ** 7/19/99 954-977-4454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (5/99)

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593184-90016-40

KOBRA TRADING, INC.

2101 NW 33rd Street, Suite 2000A
Pompano Beach, FL 33069, U.S.A.
Phone: 954-977-4454
Fax: 954-978-3993
E-mail: ktrader1@aol.com

July 21, 1999

Florida Dept. of State
Division of Corporation
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs,


Enclosed is the Annual Report for Kobra Trading, Inc. I apologize for its lateness and respectfully request a one-time waiver of the penalty.

This is a new corporation, formed at the end of 1998. For some reason I did not receive the "1st Notice" and didn't know enough to call your office for a form. When I received the "2nd Notice" I realized that a report was due.

We are a small company and can't afford the additional fees. We would appreciate a one-time waiver of the \$400.00 penalty. In the meantime, enclosed is a check for \$150.00. If a waiver is not granted, please let me know and we will send the balance, but I hope that won't be necessary.

Thank you very much for your kind consideration and understanding of our mistake.

Yours truly,


Sheila E. Berkowitz
President