

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90036 045 ***150.00

DOCUMENT # P99000096419
1. Entity Name
M & D Trading, Inc.

823256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7951 SW 40 th St. Suite, Apt. #, etc. 206 City & State Miami, FL Zip 33155 Country U.S.		3. Mailing Address 7951 SW 40 th St. Suite, Apt. #, etc. 206 City & State Miami, FL Zip 33155 Country U.S.	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1032754		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name: Osvaldo J. Diaz	
	Street Address (P.O. Box Number is Not Acceptable) 7951 SW 40 th street, Suite 206	
	City: Miami	FL Zip Code: 33155

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHORNY, DIEGO 90 ALTON ROAD # 2010 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOSCH, MAIRA 90 ALTON ROAD # 2010 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Osvaldo J. Diaz / R.A. 2/2/02 305.261.6251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)