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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$06146

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	ALBERT TRADING CORF	Э.						
Principal Place of	Business	Mailing Address				- 	FAU DEN BION BION BION DIO	II Q
2800 PALMER DR 2800 PALMER DR HOLLYWOOD FL 33021-2940 HOLLYWOOD FL 33021-2940				940				
						3. Date Incorporated or Qualified	3a. Date of Last Re	
						10/16/1990	04/19/19	395
Principal Place	of Business	2a. Mailing Address				4. FEI Number		Applied For Not Applicable
L		26				65-0224924		10t Applicable
- Suite, Apt. #, € I	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee T	requireo -
City & State		City & State				6, Election Campaign Financing	\$5.00	0 May Be
City & State		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	intangible tax under s	199.032,
	25	29	30				No No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New I	legistered Agent	
					nne			
HÖLLAN	DER, BRUCE L.		82 Street A		reet Addre	dress (P.O. Box Number is Not Acceptable)		
	IRRISON ST			83				
	OOD FL 33023			63				
				84 Ci	ty		FL 85 Z	p Code
	Castiana 607 050	No and 607 1509 Florida Statut	es the abo	ve-name	ed comora	ation submits this statement for the pu d of directors. I hereby accept the app	mose of changing its r	registered offic
IGNATURE								
Sig	griature, typed or printed name of registered ager			Agent sign	ature required	wien reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTO	ORS IN 12
Sig 2.	OFFICERS At	nt and title It applicable (NEND DIRECTORS)	OTF: Registered		ature required	w'en renstating) ADDITIONS/CHANGES TO OF		DRS IN 12
Sig 2. ITLE	OFFICERS AF	ND DIRECTORS	13.	ITLE	ature required	w'ren reinstating) ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	
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a. For hereby certify that the information supplied with this hing is voluntarily forms earn does not qualify for the exemption stated in section 113.07(s)(k), Florida Statutes, in Jurial 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:

Sany Gilolmon Prison

41 4/2 6/96 (305)966-8276