

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

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S08785 (5) 1. Corporation Name NICTRADE, INC.
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Principal Place of Business 8655 N. KENDALL DR. STE. #209 MIAMI FL 33178	Mailing Address 9655 N. KENDALL DR. STE. #209 MIAMI FL 33176-1978
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3. Date Incorporated or Qualified 10/25/1990	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 2730 SW 3rd Avenue Suite, Apt. #, etc. 22 Suite 206 City & State 23 Miami, FL Zip 24 33129	2a. Mailing Address 26 2730 SW 3rd Avenue Suite, Apt. #, etc. 27 Suite 206 City & State 28 Miami, FL Zip 29 33129
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4. FEI Number 65-0224495	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JUNCADELLA, MARIANO 9555 NORTH KENDALL DR. STE. #209 MIAMI FL 33176

10. Name and Address of New Registered Agent 81 Name JUNCADELLA, MARIANO 82 Street Address (P.O. Box Number is Not Acceptable) 2730 SW 3rd Ave 83 Suite 206 84 City MIAMI FL 85 Zip Code 33129

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 Mariano Juncadella - President DATE 1/23/97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	JUNCADELLA, MARIANO
STREET ADDRESS	270 CRANWOOD DR. KEY BISCAINE FL 33149
TITLE	VD <input type="checkbox"/> DELETE
NAME	CUADRA, JAVIER A
STREET ADDRESS	9835 SW 118TH AVENUE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	SD <input type="checkbox"/> DELETE
NAME	CARDENAL-CUADRA, ELISA
STREET ADDRESS	9835 SW 118TH AVENUE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	TD <input type="checkbox"/> DELETE
NAME	JUNCADELLA, MARIA C
STREET ADDRESS	270 CRANWOOD DR.
CITY-ST-ZIP	KEY BISCAINE FL 33149
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Mariano Juncadella - MARIANO JUNCADELLA 1/23/97 305-285-8895

CR2E034 (9/96)