

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

MAY 11 AM 9:15

DOCUMENT # S23231

(1)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EDAR TRADING CORPORATION

7907 NW 53RD ST
S-383
MIAMI FL 33166-4603

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S-383
MIAMI FL 33166-4603

2. Filing Office (Mandatory)		28. Mailing Address		3. Date of Filing (Mandatory)		3a. Date of Last Report	
21. State Agent		26. State Agent		01/08/1991		02/15/1994	
22. City & State		27. City & State		4. Filing Number		Applied For	
				65-0233742		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Limited		✓ \$8.75 Additional Fee Required	
				6. Election Campaign Financing		✓ \$5.00 May Be Added to Fees	
				7. Election Campaign Financing		✓ \$5.00 May Be Added to Fees	
24. City & State		25. City & State		8. Filing Number (Mandatory)		9. Filing Number (Mandatory)	
				Florida Statutes		Florida Statutes	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AVILA, JOSE A. 7907 NW 53RD ST S-383 MIAMI FL 33166-4603				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3. City			
				B4. State			
				B5. Zip Code			

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(1) Florida Statutes, the above named corporation hereby 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, thereby, accept the appointment as registered agent. I am hereby accepting the appointment as registered agent.

SIGNATURE

Signature of the current registered agent or the filer

Signature of the new registered agent or the filer

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
TITLE	PS	TITLE	
NAME	AVILA, JOSE A.	NAME	
STREET ADDRESS	7907 NW 53RD ST, S-383	STREET ADDRESS	
CITY & STATE	MIAMI FL	CITY & STATE	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY & STATE		CITY & STATE	

14. I hereby certify that the information supplied on this form is true, accurate, and complete, and that the corporation is in good standing with the State of Florida. I further certify that the information is true, accurate, and complete, and that the corporation is in good standing with the State of Florida. I further certify that the information is true, accurate, and complete, and that the corporation is in good standing with the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE AVILA

4/28/95

(305) 888-9011