

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG -7 AM 11:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S46365 (0)

1. Corporation Name
SEVENTY SEVEN TRADING COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 683 683 NE 167TH ST. # 321 N MIAMI BCH FL 33162 US		Mailing Address 683 683 NE 167TH ST. # 321 N MIAMI BCH FL 33162 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 683 NE 167th ST	26 683 NE 167th ST	04/15/1991	06/28/1994
22 # 321	27 # 321	4. FEI Number	Applied For
23 NORTH MIAMI BEACH, FL	28 NORTH MIAMI BEACH, FL	65-0256058	Not Applicable
24 33162	29 DADE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 DADE	30 DADE	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THOMPSON DISNEY 169 E FLAGLER ST STE 1524 MIAMI FL 33131		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ (Signature, typed or printed name of registered agent and their applicant) (NOTE: Registered Agent signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, GUILHERME R	2. NAME	
STREET ADDRESS	669 NE 167 ST.	3. STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	4. CITY - ST - ZIP	
TITLE	TVP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, GUILHERME R JR	22. NAME	
STREET ADDRESS	669 NE 167 ST.	23. STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BCH FL	24. CITY - ST - ZIP	
TITLE	SVP	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, SANDRA BRAZILI	32. NAME	
STREET ADDRESS	669 NE 167 ST.	33. STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BCH FL	34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Sandra Brazili Lima* 8/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)

CR2E034 (3/95)