

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S59525** (3)  
1. Corporation Name  
**CRISTIAN TRADING CORPORATION**



Principal Place of Business	Mailing Address
<b>6331 NW 87 AVENUE MIAMI FL 33166 US</b>	<b>6331 NW 87 AVENUE MIAMI FL 33166 US</b>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Date Incorporated or Qualified	
21 <b>8607 N.W. 66 ST.</b>		06/10/1991	
Suite, Apt. #, etc.		4. FEI Number	
22 <b>Miami Florida</b>		59-3072728	
City & State		Applied For	
23		Not Applicable	
Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33166</b>		25	
Country		26	
27		28	
29		30	
Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29		30	
Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
29		30	
Country		30	

9. Name and Address of Current Registered Agent

**ALONSO, LUIS  
345 OCEAN DRIVE, SUITE 808  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESCIANI, CRISTIAN	1.2 NAME	
STREET ADDRESS	6331 N.W. 87 AVENUE	1.3 STREET ADDRESS	8607 N.W. 66 ST
CITY - ST - ZIP	MIAMI FL 33166	1.4 CITY - ST - ZIP	Miami FL 33166
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIN, CHRISTIAN J	2.2 NAME	
STREET ADDRESS	6331 N.W. 87 AVENUE	2.3 STREET ADDRESS	8607 N.W. 66 ST
CITY - ST - ZIP	MIAMI FL 33166	2.4 CITY - ST - ZIP	Miami FL 33166
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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:

*[Signature]*

4/16/98. 599-1110

CR2E034 (10/97)