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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

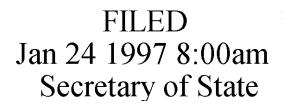
DOCUMENT # \$83433

(0)

P.H.L. TRADING CORP.

Principal Place of Business SSOS SOUTH DIVIE HIGHWAY Mailing Address

5505 SOUTH DIXIE HIGHWAY





W PALM BEACH FL 33405		W PALM BEAC	W PALM BEACH FL 33405-3627						
						3. Date incorporated or Qualified 09/27/1991		of Last R 5/1996	eport
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	_1 <u>, , , </u>	- Ar	oplied For
21		26	26			22-3194486 Not Applicable			
Suite, Apt. #. otc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27				Fee Required			
City & State	0	City & Stat	e			6. Election Campaign Financing	_	\$5.00	May Be
23		28		····		Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	Zip Country		•	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	25 9. Name and Address of Cu	29	the second second	30		Florida Statutes L 10. Name and Address of New Re			
1441		ment vedisteten võen		81	Name	10. Name and Address of New Re	distalen võ	Jeni	
	pes, peter 5 South Dixie Highway			["	INGITIO				
	PALM BEACH FL 33405			82	Street Add	fress (P.O. Box Number is Not Acceptat	ole)		
1V F	ALM DEACH IL 33403			83			·		
				65					
				84	City		FL	85 Zip (Code
11 Diggingt	to the provisions of Contant COT	0502 and 602 t 603 E	vida Ctatuta	oc the obou	o porrod oor	regration submits this statement for the		bonning i	to registered
office or r	egistered agent or both, in the S	date of Florida. Such ch	ange was a	uthorized by	e-named cor the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	ot the appoi	nanging ii ntment as	registered
agent. La	im familiar with, and accept the o	obligations of, Section 60	07.0505, Fю	rida Statute	S.				
SIGNATURE	Signature typed or punted name of registers	d corona see differ if manhashide	NIOTC .	Onnictored Ag	and ginesty re-term	uired when reinstating)	DATE		
12.	······································	S AND DIRECTORS	hore	13.	ni signa ore raqu	ADDITIONS/CHANGES TO OFFIC		PRECTOR	S IN 12
TITLE	P		DELETE	1.1 TITLE				Change	Addition
NAME	LIAPES, PETER			1.2 NAME				- •	
STREET ADDRESS	% 5505 S. DIXIE HWY			1.3 STREE	ADDRESS				
CITY- ST-ZIP	W PALM BEACH FL			1.4 CITY - S					
TITLE			DELETE	2.1 TITLE				Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREE	ADDRESS				
CITY-SI-ZIP				2. 4 CITY-	SI - 7IP				
TITLE	**************************************		DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	ADORESS				
CITY - ST - ZIP				3.4. CITY-	ST-ZIP				
TITLE			DELETE	4.1 TITLE				Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				43 STREE	ADORESS				
CITY - ST - ZiP				44 CITY-	ST-ZIP				
TITLE			DELETE	5.1 TITLE				Change	Addition
NAME				52 NAME					
STREET ADDRESS				53 STREE	ADDRESS				
CITY-SI-ZP				5.4 City-:	- 1				
TITLE			DELETE	61 TITLE				Change	Addition
NAME				62 NAME					
STREET ADDRESS				6.3 STREE	ADDRESS				
CITY-S1-ZIP				6.4 CITY-1	1 '				
O. L.									

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 chapted, or on an attachment with an address.

SIGNATURE: