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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JAN -8 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09470 (8)
1. Corporation Name
ARPA TRADING CO., INC.



Principal Place of Business Mailing Address
P.O. BOX 523605 P.O. BOX 523605
MIAMI FL 33152-3605 MIAMI FL 33152-3605
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, ANDRES
7557 NW 64TH ST.
#200
MIAMI FL 33166

7965 NW 64TH ST
MIA FL
33166

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-5-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME PD
NAME COHN, ANDRES O/O M &
STREET ADDRESS 801 W. 49TH ST. STE 226
CITY-ST-ZIP MIAMI FL

1.1 TITLE ANDRES COHEN
1.2 NAME
1.3 STREET ADDRESS 7965 NW 64TH ST
1.4 CITY-ST-ZIP MIAMI FL 33166

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE 200002398592--0
2.2 NAME
2.3 STREET ADDRESS -01/13/98--01078--017
2.4 CITY-ST-ZIP *****158.75 *****158.75

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 up 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)

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