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

FILED May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (1)CHRISTI TRADING COMPANY, INC. Principal Place of Business Mailing Address 2599 NE 191ST STREET 2599 NE 191ST STREET NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1992 2. Principal Place of Business 2a. Mailing Address Applied For 65-03 16042 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 25 24 29 30 Personal Property Tax due June 30. No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAGE, JOSEPH EL 2599 N.E. 191 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH MIAMI BEACH FL 33180** 83 City 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 reinstaling 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change EL HAGE, JOSEPH MALAE 1.2 NAME 19370 COLLINS AVE #902C 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE T Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

JOSEPH EL HAGE

DELETE

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

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 charged in an attachment with an address. ^305)534-9433

Change

Addition