

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V20745 (8)**  
 1. Corporation Name  
**E & G TRADE SERVICES, INC.**



Principal Place of Business	Mailing Address
1401 NW 78TH STREET SUITE 200 MIAMI FL 33126 US	1401 NW 78TH STREET SUITE 200 MIAMI FL 33126 US

2. Principal Place of Business	2a. Mailing Address
21 1410 N.W. 78TH AVE., Suite Apt. #, etc 22 SUITE #200 City & State 23 MIAMI, FLORIDA Zip 24 33126	25 1401 N.W. 78TH AVE. Suite Apt. #, etc. 26 SUITE #200 City & State 27 MIAMI, FLORIDA Zip 28 33126
Country 25 U.S.A.	Country 30 U.S.A.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/12/1992	05/11/1995
4. FEI Number	Applied For
65-0334987	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SOBERON, GEORGE**  
 1401 NW 78TH STREET  
 SUITE 200  
 MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name	<b>EVELYN SOBERON</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1401 N.W. 78TH AVE., SUITE #200</b>
83 City	<b>MIAMI</b>
84 State	<b>FL</b>
85 Zip Code	<b>33126</b>

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 **EVELYN SOBERON** / *Evelyn Soberon* / PVST 7-25-96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>SOBERON, EVELYN</b>	
STREET ADDRESS	<b>10441 S W 84TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **EVELYN SOBERON** / *Evelyn Soberon* / PVST 7-25-96 305-592-6873  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (3/96)