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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

FILED May 09 1997 8:00am Secretary of State

DOCUMENT # V22021 1. Corporation Name VIDAN TRADING CORPORATION Principal Place of Business 5895 SW 897H AVE MIAMI FL 33173 Mailing Address 5895 SW 897H AVE MIAMI FL 33173												
								3. Date incorporated or Qualified 03/18/1992		te of Last F 01/1996	leport	
2. Principal F	Place of Busin	1058	2	a. Mailing	Address			4. FEI Number			oplied For	
Suite, Apt #, etc. City & State			26	Suite, Apt. #, etc.				65-0422906			ot Applicable	
			27	City & State				5. Certificate of Status Desired			75 Additional Beguired	
								6. Election Campaign Financing		\$5.00 May		
2ip		Country	28	<u>Ζ</u> φ		Count	rv	Trust Fund Contribution 8. This corporation has liability for	intendible		to Fees	
4	ļ	25	29	¬		30	,		Yes [. 193.032,	
	9, Name	and Address of	f Current Reg	istered Ag	ent			10. Name and Address of New Re	gistered	Agent		
	rez, Jose					8	1 Name					
5895 SW 89TH AVE MIAMI FL 33173						ē	2 Street Address (P.O. Box Number is Not Acceptable)		ble)			
MIL	WHITE SOTI	3				8	3					
						Īē	4 City			85 Zip	Code	
				*****************					FL	. -		
	am famitiar w	ith, and accept ti	he obligations	orida. Such of, Section	change was 607.0505, F	authorized Iorida Statu	by the corporates.	rporation submits this statement for the ation's board of directors. I hereby acce	pt the app	OH IR HOLLI	registered	
SIGNATURE		or printed harne of reg		bie il applicable RECTORS	(NO	TE: Registered /	gent signature req	ation's board of directors. I hereby acce wired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTOR	RS IN 12	
SIGNATURE 12. Tille	Signal de Typeo P PEREZ,	or printed harrie of reg OFFIC	jistered agent and l	bie il applicable RECTORS		TE: Registered /	gent signature req	uired when reinstating)	DATE		RS IN 12	
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14. I do hereby cert fy 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the lam 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 12 fichanged, or on any attachment yith an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-29-97 305271-7979