

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V25017 (7)

1. Corporation Name

ALL TRADE BUSINESS FORMS, INC.



Principal Place of Business

5349 N.W. 35 AVE.
FT. LAUDERDALE FL 33309
US

Mailing Address

5349 N.W. 35 AVE.
FT. LAUDERDALE FL 33309
US

| | | | | | | | |
|--------------------------------|--|-------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/30/1992 | | 3a. Date of Last Report 04/17/1995 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 65-0329357 | | Applied For Not Applicable | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 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

KTG&S REGISTERED AGENT CORPORATION
1401 BRICKELL AVE
SUITE 700
MIAMI FL 33131

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City |
| 84. State |
| 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 the applicable

DATE: Registered Agent's signature required when certifying

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------|---|---------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| STREET ADDRESS | STREET ADDRESS | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
| CITY - ST - ZIP | CITY - ST - ZIP | 2.1 TITLE | 2.2 NAME |
| | | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
| | | 3.1 TITLE | 3.2 NAME |
| | | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
| | | 4.1 TITLE | 4.2 NAME |
| | | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
| | | 5.1 TITLE | 5.2 NAME |
| | | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
| | | 6.1 TITLE | 6.2 NAME |
| | | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |

500001738205
-03/11/96--01009--014
***200.00

3-8-96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. FIORANI

3/4/96

735-7175

DATE

Daytime Phone #

CR2E034 (12/95)