

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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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 33309-6315 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1992	3a. Date of Last Report 03/08/1996
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 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	
				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)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	DPT	<input type="checkbox"/> DELETE						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	FIORANI, MARIO							1.2 NAME							
STREET ADDRESS	5349 N.W. 35 AVE.							1.3 STREET ADDRESS							
CITY-ST-ZIP	FT. LAUDERDALE FL 33309							1.4 CITY-ST-ZIP							
TITLE	DVS	<input type="checkbox"/> DELETE						2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	PIERANTONI, DANILO							2.2 NAME							
STREET ADDRESS	5349 N.W. 35 AVE.							2.3 STREET ADDRESS							
CITY-ST-ZIP	FT. LAUDERDALE FL 33309							2.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 CITY-ST-ZIP							

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____
0267892

CR2E034 (9/96)