

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
1996



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

DOCUMENT # V38736 (7)

1. Corporation Name

BENDER TRADING COMPANY, INC.



Principal Place of Business

Mailing Address

19921 NW 3RD STREET
PEMBROKE PINES FL 33029

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PEMBROKE PINES FL 33029

3. Date Incorporated or Qualified

05/26/1992

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 18457 Pines Blvd.

26 Suite, Apt. #, etc.

22 141

27 City & State

23 Pembroke Pines, FL

28 City & State

24 33029 25 U.S.A.

29 Zip Country

24 33029 25 U.S.A.

29 Zip Country

24 33029 25 U.S.A.

29 Zip Country

24 33029 25 U.S.A.

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENDER DAVID D
19921 NW 3 STREET
PEMBROKE PINES FL 33029

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 D
NAME BENDER, DAVID
STREET ADDRESS 19921 NW 3RD STREET
CITY-ST-ZIP PEMBROKE PINES FL

TITLE DVS
NAME BENDER, DIONISIM MERCE
STREET ADDRESS 19921 NW 3 STREET
CITY-ST-ZIP PEMBROKE PINES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
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:

David D. Bender

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID D BENDER Pres

6-13-96

Date

1-800-214-1624

Telephone

CR2E034 (3/96)