

**FILE NOW: FILING FEE AFTER MAY 1 IS \$55!**

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V46333** (3)

1. Corporation Name  
**INTER NORTH & SOUTH TRADE, INC.**



Principal Place of Business

7859 NW 64TH ST  
 MIAMI FL 33166  
 US

Mailing Address

7859 NW 64TH ST.  
 MIAMI FL 33166-2771  
 US

3. Date Incorporated or Qualified <b>06/26/1992</b>	3a. Date of Last Report <b>01/25/1996</b>
4. FEI Number <b>65-0338589</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**SHOMAR, JOSEPH**  
**255 E FLAGLER ST.**  
**3RD FLOOR**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 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 \_\_\_\_\_

Sign in block 12 for 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	DP	<input type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAMASHIA, PETER		1. NAME		
STREET ADDRESS	7859 NW 64TH STREET		1. STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1. CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAMASHIA, PETER		2. NAME		
STREET ADDRESS	P.O. BOX 4718 N/A		2. STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2. CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAMASHIA, PETER		3. NAME		
STREET ADDRESS	P.O. BOX 4718 N/A		3. STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4. NAME		
STREET ADDRESS			4. STREET ADDRESS		
CITY-ST-ZIP			4. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5. NAME		
STREET ADDRESS			5. STREET ADDRESS		
CITY-ST-ZIP			5. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6. NAME		
STREET ADDRESS			6. STREET ADDRESS		
CITY-ST-ZIP			6. 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 agent 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4-24-97

305-5949490

Date

Daytime Phone #

022050

CR2E034 (9/96)