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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V46440 (6) 1. Corporation Name M.T.C. MANAGEMENT TRADING COMPANY			
Principal Place of Business 1221-71 ST. SUITE 1406 MIAMI BEACH FL 33141 US		Mailing Address 1221-71 ST. MIAMI BEACH FL 33141-3647 US	
2. Principal Place of Business 21 17100 Collins Ave Suite, Apt. #, etc. 22 207 City & State 23 Miami Beach, FL Zip 24 33160 Country Code 25 USA		2a. Mailing Address 26 17100 Collins Ave Suite, Apt. #, etc. 27 207 City & State 28 Miami Beach Zip 29 33160 Country Code 30 USA	
9. Name and Address of Current Registered Agent FREEMAN, PAUL H. 9100 S DADELAND BLVD SUITE 1408 MIAMI FL 33156		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 NAME STREET ADDRESS CITY-ST-ZIP	S CHEHEBAR, ROSY 1221-71 ST. MIAMI BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S Address Change CHEHEBAR ROSY 17100 Collins Ave # 207 Miami Beach FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEHEBAR, GABRIEL 1221 71ST STREET MIAMI SPRINGS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P Address Change CHEHEBAR GABRIEL 17100 Collins Ave # 207 Miami Beach, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: Rosy Chehebar TRACY CHEHEBAR 4/15/97 (305) 940-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #