
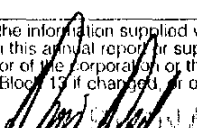


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 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 # V54814 (1) 1. Corporation Name INTERMARKET TRADING ADVISORS INC.											
Principal Place of Business 13880-12 WELLINGTON TRACE SUITE 500 WELLINGTON FL 33414 US			Mailing Address 13880-12 WELLINGTON TRACE SUITE 500 WELLINGTON FL 33414 US								
2. Principal Place of Business 21 1300 CORPORATE CENTERWAY Suite, Apt. #, etc. 22 Ste 105 City & State 23 Wellington FL Zip 24 33414 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 07/29/1992 3a. Date of Last Report 07/01/1996 4. FEI Number 65-0354838 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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 JAFKE & COMPANY, P.A. 3900 HOLLYWOOD BLVD. STE. 302 HOLLYWOOD FL 33021			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 1.1 TITLE DP 1.2 NAME NISHIKAWA, RENATO T 1.3 STREET ADDRESS 13880-12 WELLINGTON TRACE., SUITE 500 1.4 CITY-ST-ZIP WELLINGTON FL 33414 1.5 TITLE DT 1.6 NAME ISHIDA, MASAHIKO 1.7 STREET ADDRESS 1-18-8 KAKIGARACHO, HEIWA BLDG 7TH FLOOR 1.8 CITY-ST-ZIP TOKYO 103 JAPAN 1.9 TITLE DS 1.10 NAME DECKER, DENNIS 1.11 STREET ADDRESS 13880-12 WELLINGTON TRACE., SUITE 500 1.12 CITY-ST-ZIP WELLINGTON FL 33414 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE DT 2.2 NAME NISHIKAWA, RENATO T. 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE DC 2.6 NAME ISHIDA, MASAHIKO 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE DP 2.10 NAME DENNIS DECKER 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE DS 2.14 NAME Philip B. Marriott 2.15 STREET ADDRESS 1055 N. MIRAMAR 2.16 CITY-ST-ZIP MESA, AZ 85213 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 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:  AR INTERMARKET PRESIDENT 3/12/97 (561)688-5778 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											

CR2E034 (9/96)