

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90047 037 ***158.75

U04, U, Z 51

DOCUMENT #		V54814	
1. Entity Name INTERMARKET TRADING ADVISORS INC.			
Principal Place of Business 5537 NW 90TH TERR SUNRISE FL 33351 US		Mailing Address 13860-12 WELLINGTON TRACE SUITE 500 WELLINGTON FL 33414 US	
2. Principal Place of Business 2216 Cypress Bend Dr Suite, Apt. #, etc. #107 City & State Pompano Beach, FL		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33069	Country USA	Zip	Country



DO NOT WRITE IN THIS SPACE

City & State <i>Pompano Beach, FL</i>		City & State		4. FEI Number 65-0354838		Applied For	
Zip <i>33069</i>		Country <i>USA</i>		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
						Not Applicable	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JAFFE & COMPANY, P.A. 3000 HOLLYWOOD BLVD STE. 302 HOLLYWOOD FL 33021		Name Street Address (P.O. Box Number is Not Acceptable) 3107 Stirling Rd Suite 201 City Ft Lauderdale FL Zip Code 33312	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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19. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NISHIKAWA, RENATO T AL JAU, 327, AP11 SAO PAULA SAO PROLO BRASIL D1420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ISHIDA, MASAHIKO NFS BLDG 6F 1-1-11 NIHOMBASHI NINGYOCHO CHUOKU TOKYO JAPAN 103 J <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DECKER, DENNIS 2048 POLO GARDENS DR #107 WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2216 Cypress Bend Dr #107 Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARRIOTT, PHILLIP B. 1845 SOUTH 140 EAST OREM UT 84058 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DENNIS DECKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2002 (561) 379-6268
Date Daytime Phone #

CR2E034 (9/01)