

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

FILED
May 23 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 # **V72126** (8)
 1. Corporation Name
U.S. TRADE INFORMATION CENTER, INC.



Principal Place of Business
10210 COLLINS AVE #106 BEL HARBOR FL 33154 US

Mailing Address
7118 BONITA DRIVE 10210 COLLINS AVE. #106 BEL HARBOR FL 33154-1435 US

3. Date Incorporated or Qualified **10/14/1992** 3a. Date of Last Report **05/21/1996**

4. FEI Number **65-0372675** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. **#106**
 22 City & State **BAL HARBOUR, FLORIDA**
 23 Zip **33154** Country **USA**

2a. Mailing Address
 26 **10210 Collins Ave. #**
 27 **#106**
 28 **BAL HARBOUR, FLORIDA**
 29 **33154** 30 **USA**

9. Name and Address of Current Registered Agent
ABAMOVITCH, ALEXANDRE
10210 COLLINS AVE. #106
APT. #301
BEL HARBOR FL 33154

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 **ALEXANDRE ABRAMOVITCH.** DATE **05-07-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GLUZMAN, YURY	
STREET ADDRESS	7118 BONITA DR #301	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABRAMOVITCH, ALEXANDER	
STREET ADDRESS	7118 BONITA DR #301	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ZLATOGOROV, ALEXANDER	
STREET ADDRESS	7118 BONITA DR #301	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **ALEXANDRE ABRAMOVITCH** DATE **05-07-97** DAYTIME PHONE # **(305) 536-2212**

CR2E034 (9/96)