

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State Director of Corporations
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DOCUMENT # P93000037748 (9)
 1. Corporation Name
TRI GLOBAL MARKETING CORP.

APPROVED AND FILED
 MAY 22 11:10:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 2929 NORTH BAY RD. MIAMI BEACH FL 33140	Mailing Address 2929 NORTH BAY RD. MIAMI BEACH FL 33140
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2. Filing Period (calendar year) 21		2a. Mailing Address State Apt # etc. 26		3. Date incorporated or qualified 05/25/1993	3a. Date of last report 05/01/1994	
22. State Apt # etc. 27		27. State Apt # etc. 27		4. FEI Number 65-0412825	Applied for <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable	
23. City & State 28		28. City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24.		25.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
29.		30.		8. This corporation has liability for development fee under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent GOLOWINSKI, DAVID 2929 NORTH BAY ROAD MIAMI FL 33140				10. Name and Address of New Registered Agent			
				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3.			
				B4. City	FL	B5. Zip Code	

11. Pursuant to the provisions of Sections 607 (607) and 607 (608), 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 (608), Florida Statutes.

SIGNATURE _____ TITLE: Registered Agent (agent or agent when resident) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME P GOLOWINSKI, SAMUEL 12.2 STREET ADDRESS 339 CROWN STREET 12.3 CITY, ST, ZIP BROOKLYN NY		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.4 NAME 12.5 STREET ADDRESS 12.6 CITY, ST, ZIP		13.2 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 NAME 12.8 STREET ADDRESS 12.9 CITY, ST, ZIP		13.3 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.10 NAME 12.11 STREET ADDRESS 12.12 CITY, ST, ZIP		13.4 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.13 NAME 12.14 STREET ADDRESS 12.15 CITY, ST, ZIP		13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.16 NAME 12.17 STREET ADDRESS 12.18 CITY, ST, ZIP		13.6 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.19 NAME 12.20 STREET ADDRESS 12.21 CITY, ST, ZIP		13.7 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information is true and correct, and that my signature shall have the same legal effect and make me liable. I am an officer or director of the corporation or the receiver or trustee appointed to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report or on an attachment with an address.

SIGNATURE:  **SAMUEL GOLOWINSKI**
 TITLE: OFFICER OR DIRECTOR
 DATE: **4-15-95**
 TELEPHONE: **534-3444**