

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000037748 (9)**

1. Corporation Name
TRI GLOBAL MARKETING CORP.



Principal Place of Business: **2929 NORTH BAY RD. MIAMI BEACH FL 33140**
Mailing Address: **2929 NORTH BAY RD. MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified: **05/25/1993**
3a. Date of Last Report: **05/22/1995**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. FEI Number: **65-0412825**
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

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: 81, 82, 83, 84, 85

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: GOLOWINSKI, SAMUEL		2. NAME:	
STREET ADDRESS: 339 CROWN STREET		3. STREET ADDRESS:	
CITY-STATE-ZIP: BROOKLYN NY		4. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6. NAME:	
STREET ADDRESS:		7. STREET ADDRESS:	
CITY-STATE-ZIP:		8. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		10. NAME:	
STREET ADDRESS:		11. STREET ADDRESS:	
CITY-STATE-ZIP:		12. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY-STATE-ZIP:		16. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY-STATE-ZIP:		20. CITY-STATE-ZIP:	

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05/21/96-01116-000
*****225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.07(3)(k), Florida Statutes. I further certify that the information included 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, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

5-14-96 (781) 774-480