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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011028 (4)

3G SALES, INC.

Principal Place of Business

3625 N COUNTRY CLUB DR #1703
NORTH MIAMI BEACH FL 33180

Mailing Address

3625 N COUNTRY CLUB DR #1703 NORTH MIAMI BEACH FL 33180-1714

FILED Jan 29 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 02/09/1995	of Last Report 5/1996			
2. Principal P	lace of Business	2a. Mailing Addre	iss.		4. FEI Number Applied For				
21		26			65-0567096			ot Applicable	
Suite Apt. # etc.		Suite, Apt. #, (Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	9	City & State	*****		Election Campaign Financing Trust Fund Contribution		4 • · · · ·	May Be to Fees	
23 Zip	Country	Zip	С	ountry	8. This corporation has liability for it	ntanaible te			
24	25	29	30			Yes		. 133.032,	
	9. Name and Address of Curr				10. Name and Address of New Re				
HO	BERMAN, JENNIFER M			81 Name				· · · · · · · · · · · · · · · · · · ·	
3400 NE 192 STREET SUITE 1510 MIAMI FL 33180				82 Street Address (P.O. Box Number is Not Acceptable)					
				82 Street Add	iress (P.O. Box Number is Not Acceptab	He)			
MIN	MI FL 33100			83					
				84 City		Fel	85 Zip	Code	
					poration submits this statement for the p	FL			
SIGNATURE	Signature, typical or pointed name of registered	agent a v4 the if applicable		ered Agent signature requ	<u> </u>	DATE			
12.	OFFICERS A	AND DIRECTORS	1:	3.	ADDITIONS/CHANGES TO OFFIC				
TITLE	PD	L DEI	LETE 1.º	1 TITLE		L	Change	☐ Addition	
NAME	SIRLIN, STEVEN		- 1.3	2 NAME					
STREET ADORESS	3625 W COUNTRY CLUB D	PR, #1703	1.3	3 STREET ADDRESS					
CITY- S1-ZIP	N MIAMI 8CH FL			4 CITY-ST-ZIP					
TITLE		☐ DEI	LETE 2.	1 TITLE		l	Change	Addition	
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NAME			_ ·	2 NAME		L	T Aligning	Addition	
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STREET ADDRESS	i 			3 STREET ADDRESS					
City - St - 747 Title		DE		4 CITY-ST-ZIP		T	Change	Addition	
		F] DEI		1		L	T Angula	L MOURION	
NAME STOLE LESSANGE			-	2 NAME					
STREET ADDRESS				3 STREET ADDRESS					
CITY - ST - 7/2	1		■ 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPEO OR PRINTED NAME O

STEVEN SIRLIN

1/22/47 305-935-2733