Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90066 028 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V10638

TRADE RESEARCH INSTITUTE, INC.			
Principal Place of Business Mailing Address			SIDIE BIBIL BIBIE BIBIL BIBIL LABI
10612 SW 138TH PL 10612 SW 138TH PL MIAMI FL 33186 MIAMI FL 33186		DO NOT WRITE IN THI	S SPACE
1		3. Date Incorporated or Qualifed	
		01/30/1992	'\
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21 26		65-0318594	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
23		Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year li	
24 25 29 3	30	Personal Property Tax.	¥Yes □No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	d Agent
	81 Name		
PAK, SIMON J.	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
10612 SW. 138TH PLACE			
MIAMI FL 33186	83		
•	84 City	F	85 Zip Code
Pursuant to the provisions of sections of 2007 3002 and 607 3005, Florida sections office or registered agent, or both, in the State of Florida. Such change was autagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and DIRECTORS)	da Statutés. Registered Agent signature required 13.		ND DIRECTORS IN 12
TITLE OPST . DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME PAK, SIMON J.	1.2 NAME		
STREET ADDRESS 10612 S.W. 138TH PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL	1.4 CITY-ST-ZIP		
TITLE DELETE	2.1 TTLE		☐ Change ☐ Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		• • •
CITY-ST-ZIP	2. 4 CITY-ST-ZIP		Addition
TITLE DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP DELETE	3.4. CITY-ST-ZIP		Change Addition
	4.1 TITLE		
NAME '	4. 2 NAME		
STREET ADORESS	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
·	5.2 NAME		
NAME			
CTREET ADDRESS	5.3 STREET ADDRESS		
STREET ADDRESS	5.4 CITY-ST-ZIP		
CITY-ST-ZIP			☐ Change ☐ Addition
CITY-ST-ZIP	5.4 CITY-ST-ZIP		☐ Change ☐ Addition

C/TY-ST-ZIP. 14. 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 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, or on an attachment with any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: -