

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 25 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L97633** (6)

1. Corporation Name
TAMR TRADING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Office Address 21 370 GARDNER 1.010E		2a. Mailing Address 26 P.O. BOX 2819 LA BELLE FL 33935 US		3. Date Incorporated or Qualified 08/08/1990	3a. Date of Last Report 05/01/1994
22. State App # of LA BELLE FL 33935		27. State App # of LA BELLE FL 33935		4. FEI Number 65-0222421	Applied For <input type="checkbox"/> Not Applicable
23. F.I.C. Number 33935		28. F.I.C. Number 33935		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. F.I.C. Number 33935		25. F.I.C. Number 33935		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29. F.I.C. Number 33935		30. F.I.C. Number 33935		7. This corporation has liability for intangible tax under S. 198.034, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSALES, EDUARDO OCTAVIO 4046 S EDGE WATER LABELLE FL 33935				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				FL		85. Zip Code	

11. I, the undersigned, being duly sworn and duly qualified under Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office to the office specified in this report to the State of Florida. This change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am aware of the provisions of the Department of State's rules, S.D.P. Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD ROSALES, EDUARDO OCTAVIO 4046 SO EDGEWATER LABELLE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VSD ROSALES, OLGA 4046 SO EDGE WATER LABELLE FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, do hereby certify that the information reported with this filing is voluntarily furnished and is true and correct, for the corporation stated in this filing. I further certify that the said corporation is authorized to file this report and that the corporation is authorized to file this report and that the corporation shall have the same legal effect as if made under oath. That I am a duly qualified and duly sworn officer of the Department of State and that my signature appears on this report. I do hereby certify that I am duly qualified and sworn to perform the duties of my office as required by Chapter 197, Florida Statutes, and that my name appears on the block of the Department of State's records with an address.

SIGNATURE: *Eduardo Octavio Rosales* *Tamr Trading Inc*

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CORPORATION
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1995



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

APPROVED
AID

95 JUL 27 10:21

DOCUMENT # **L98614**

1. Corporation Name

1325 MERIDIAN AVENUE, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 1451 (SAME)
MIAMI BCH, FL 33119**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **9/10/90** 3a. Date of Last Report **5/1/94**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0216165		Applied For	
21		26				Not Applicable	
State Apt # etc		State Apt # etc		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. The corporation has liability for intangible tax under S. 194(3)(2) Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
City	County	City	County				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EINHORN, SHALOM 1606 PENNSYLVANIA AVE #2 MIAMI BCH, FL 33139				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL 85 Zip Code			

11. Pursuant to provisions of sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (name and address) 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 607.0602, Florida Statutes.

SIGNATURE: DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 NAME: EINHORN, CILA 12.2 STREET ADDRESS: 137 PRINZREGENTEN ST. 12.3 CITY & STATE: MUNICH - GERMANY				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12.4 NAME: EINHORN, SHALOM 12.5 STREET ADDRESS: 1606 PENNSYLVANIA AVE, #2 12.6 CITY & STATE: MIAMI BCH, FL 33139				4000001547824 -07/27/95--01068--014 ****225.00 ****225.00			
12.7 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12.8 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12.9 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12.10 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12.11 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12.12 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the membership stated in S-100 (Form 1) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of the S-100 (Form 1) as an officer or director.

SIGNATURE: DATE: **6/1/95** **305-5327160**