

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 NC 4412		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. F.I.C. Number 33935		25. F.I.C. Number NC 4412		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29. F.I.C. Number 33935		30. F.I.C. Number NC 4412		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, 22B-1 Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'	
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, certify that the information reported with this filing is voluntarily furnished and is not required by the provisions stated in Florida Statutes. I further certify that the information is true and correct, and that the undersigned shall have the same kept on file and made public. I am aware of the provisions of the Department of State's rules, 22B-1 Florida Statutes, and that my name appears on Block 12 of Block 13 of this report or on an affidavit filed with an address.

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

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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	Applied For
21	26	65-0216165	Not Applicable
State, Apt # etc	State, Apt # etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
City	County	7. The corporation has liability for intangible tax under S. 194(3)(2) Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

**EINHORN, SHALOM
1606 PENNSYLVANIA AVE #2
MIAMI BCH, FL. 33139.**

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 provisions of sections 607.0902 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 607.0902, Florida Statutes.

SIGNATURE

(Signature)

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. MUNICH - GERMANY	13-1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 NAME EINHORN, SHALOM	12-4 STREET ADDRESS 1606 PENNSYLVANIA AVE, #2 MIAMI BCH, FL 33139	13-2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 NAME	12-6 STREET ADDRESS	13-3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7 NAME	12-8 STREET ADDRESS	13-4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-9 NAME	12-10 STREET ADDRESS	13-5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-11 NAME	12-12 STREET ADDRESS	13-6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 \$200 from 1/1/92 to 1/1/95. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that the signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 of this report or as an alternate listed with an address.

SIGNATURE: *(Signature)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/95 305-5327160