

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000034392 (9)

1. Corporation Name
NORTH AMERICAN TRADING GROUP, INC.



Principal Place of Business
44 PAXFORD LANE
SUITE E-4
BOYNTON BEACH FL 33462
US

Mailing Address
44 PAXFORD LANE
SUITE E-4
BOYNTON BEACH FL 33462
US

3. Date Incorporated or Qualified 05/11/1983 3a. Date of Last Report 07/25/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 4394 N.W. 3rd. AVE
27 Suite, Apt. #, etc.
28 BOCA RATON, FL
29 Zip 33431
30 Country

4. FEI Number 65-0411334
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

LAMMI, EDWIN W
508 LUCERNE AVE
LAKE WORTH FL 33460

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. 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. 1. TITLE ☐ DELETE
NAME POLONSKI, DMIRI J
STREET ADDRESS 1600 SOUTH "N" ST., APT. 7
CITY-ST-ZIP LAKE WORTH FL 33460
2. 1. TITLE ☐ DELETE
NAME DIMITRENKO, JURI
STREET ADDRESS 1600 SOUTH "N" ST., APT. 7
CITY-ST-ZIP LAKE WORTH FL 33460
3. 1. TITLE ☐ DELETE
NAME ROSMA, AIVO
STREET ADDRESS 1600 SOUTH "N" ST., APT. 7
CITY-ST-ZIP LAKE WORTH FL 33460
4. 1. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. 1. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. 1. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition
2. 1. TITLE ☐ Change ☐ Addition
3. 1. TITLE ☐ Change ☐ Addition
4. 1. TITLE ☐ Change ☐ Addition
5. 1. TITLE ☐ Change ☐ Addition
6. 1. TITLE ☐ Change ☐ Addition

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 119.07(3)(k), 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 an address

SIGNATURE:

AIVO ROSMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/96 392-6143
Date Daytime Phone #

CR2E034 (12/95)