SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000036298 (6)

TIGER MARKETING & SALES, INC.

FILED Jul 23 1998 8:00am Secretary of State

Principal Place of	Business	Mailing Addres	s			
6813 SW 81 TERR 6813 SW 81 TERR MIAMI FL 33143 US US		RA			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 05/19/1993
2. Principal Place	of Business	2a. Mailing Add	Iress			4. FEI Number Applied For
21		26				65-0414826 Not Applicable
Sulte, Apt. #, e	elo.	Suite, Apt.	#, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23	_	28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intengible
24	25	29	30	/ _→		
	9. Name and Address of C	urrent Registered Agent		81	Name	10. Name and Address of New Registered Agent
CUMMINS, B.J. 400 SOUTHEAST EIGHT ST		82 Street Address (P.O. Box Number Is Not Acceptable)				
F1 LAUI	DERDALE FL 33316			83		
				84	City	as 7in Code
				04	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	<u> </u>					
Sign:	ature, typed or printed name of register	ed agent and tille if applicable	(NOTE: Regis		geni signati	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PST			TITLE		Change Addition
l '	EDIN A, PETE	L_1 '	/LCC1L	NAME		
	860 SW 4TH		1.3 \$	TREET	ADDRESS	10131 ROE AVENUE
CITY-ST-ZIP PL	L án tation FL 33024		1.4 0	CITY-ST	-ZIP	overeno park to 66207
TITLE V			ELETE 2.11	TITLE		V Change Addition
	INO, CALOS		2.21	NAME		NIMO, CARLOS
***************************************	3912 SW 103 LN		2.3 5	TREET	ADDRESS	8460 SW 15-4 CAROCC CT. # 115
01110124	IAMI FL 33186			CITY-ST	-ZIP	MIAMI FC. 33193
TITLE VI		X	ELETE 3.11	ITLE		Change X Addition
46	LÁNCO, JULIO	•		NAME		KIM MEDINA
I III	51 E 54 ST I al eah FL 33013				ADDRESS	PRIM MEDINA IDI31 ROE AVENUC OUCRUNA PADA, ESGGZ07
	IMLEAN IL SOUIS			CITY-ST	-ZIP	
TITLE NAME			ALLIC	NAME		Change Addition
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-ST		
TITLE				ITLE		Change Addition
NAME				NAME		
STREET ADDRESS	•		5.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			5.4 0	CITY-ST	-ZIP	
TITLE			ELETE 6.11	ITLE		Change Addition
NAME			6.2 !	IAME		
STREET ADDRESS			6.3 \$	TREET	ADDRESS	
CITY-ST-ZIP				CITY-ST		n section 119 07/3Vi). Florida Statutas I further certify that the information

indicated on this annual report or supplied wire this lining coes not quality for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.