SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000087516 (9)**

1. Corporation Name

TRADE REPS. MARKETING GROUP, INC.

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD. SUITE 400 CORAL GABLES FL 33140 US	2121 PONCE DE LEON BLVD. SUITE 400 CORAL GABLES FL 33140 US

2. Principal Place of Business	2a. Mailing Address
21 2121 PONCE DE LEON BLVD 400	26 2121 PONCE DE LEON BLVD.
Suite, Apt #, etc: 22 SUITE 400	Suite, Apt #, etc: 27 SUITE 400
City & State: 23 CORAL GABLES, FL.	City & State: 28 CORAL GABLES, FL.
Zip: 24 33134 — Country: 25 USA	Zip: 29 33134 — Country: 30 USA

3. Date Incorporated or Qualified: 12/23/1993
3a. Date of Last Report: 04/24/1995
4. FEI Number: 65-0456980 ☐ Applied For ☐ Not Applicable
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

WLMC REGISTERED AGENTS, INC.
777 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131

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

TITLE	PSTD	☐ DELETE
NAME	FLATLEY, YUMNA	
STREET ADDRESS	175 SE 25 RD., #10B	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	☐ DELETE
NAME	KALUF, SAM	
STREET ADDRESS	428 NE "G" AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	☒ DELETE
NAME	FRANS-MICHEL, SANDRA	
STREET ADDRESS	14694 SW 140 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	☒ Change ☐ Addition
1.2 NAME	FRIEDRICHS, YUMNA	
1.3 STREET ADDRESS	175 S.E. 25 RD., 10-B	
1.4 CITY-ST-ZIP	MIAMI, FL. 33129	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 7/10/96 — Daytime Phone # (305) 443-6612