

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # P93000087516 (9)

1. Corporation Name

TRADE REPS. MARKETING GROUP, INC.



Principal Place of Business

2121 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES FL 33134
US

Mailing Address

2121 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES FL 33134-5221
US

2. Principal Place of Business

21 2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

22 SUITE 445

City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

27 SUITE 445

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30 USA

3. Date Incorporated or Qualified

12/23/1993

3a. Date of Last Report

07/25/1996

4. FEI Number

65-0456980

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 of the principal officer or director of the corporation and the registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	FLATLEY, YUMNA	
STREET ADDRESS	175 SE 25 RD., #10B	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	KALUF, SAM	
STREET ADDRESS	428 NE 18 th AVE. 428 NE 9 AVE	
CITY-ST-ZIP	FT. LAUDERDALE 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	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	JOHN L. SILVERS	
1.3 STREET ADDRESS	19390 COLLINS AVE., APT. 316	
1.4 CITY-ST-ZIP	MIAMI, FL 33160	
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		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97

305-443-6612

Date

Daytime Phone #

0184258

CR2E034 (9/96)