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FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 445  
CORAL GABLES FL 33134  
US

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SUITE 445  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 500 NE 19 ST

Suite, Apt. #, etc.

22

City & State

23 FORT LAUDERDALE, FL

Zip

24 33305

Country

25 USA

2a. Mailing Address

26 500 NE 19 ST

Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE, FL

Zip

29 33305

Country

30 USA

9. Name and Address of Current Registered Agent

OGREN, ERIC S  
500 NE 19 ST.  
WILTON MANORS FL 33305

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 ☐ DELETE  
NAME P  
STREET ADDRESS FRIEDRIECH, YUMNA  
CITY-ST-ZIP 175 SE 25TH RD. APT. 10B  
MIAMI FL 33129

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS KALUF, SAM  
CITY-ST-ZIP 428 NE 9 AVE  
FT. LAUDERDALE FL 33301

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS OGREN, ERIC S  
CITY-ST-ZIP 500 NE 19TH AVE.  
WILTON MANORS FL 33305

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 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]*

1/12/98

052-620-0166

CR2E034 (10/97)