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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000087516

1. Corporation Name

TRADE REPS. MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

500 NE 19 ST  
SUITE 445  
FT LAUDERDALE FL 33305  
US

500 NE 19 ST  
SUITE 445  
ST LAUDERDALE FL 33305  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2217 WILTON DR.

26 2217 WILTON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 17

27 SUITE 17

City & State

City & State

23 WILTON MANORS, FL

28 WILTON MANORS, FL

Zip

Country

Zip

Country

24 33305

25 USA

29 33305

30 USA

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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.

DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

3/6/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME OGREN, ERIC S  
STREET ADDRESS 500 NE 19TH AVE.  
CITY-ST-ZIP 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Addition

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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/99

DATE

954-630-9166

Daytime Phone #

CR2E034 (11/98)