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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400082890 (2)

TRISTAR PUBLISHING GROUP, INC.

Mailino Address

## FILED May 15 1998 8:00am Secretary of State

DE1-701-11609



Fillipari lace of business		William & Macross	Millimity Additions				
6187 NW 167TH ST. H13 MIAMI FL 33015		6187 NW 167TH ST.   Miami Fl 33015	6187 NW 167TH ST. H13 MIAMI FL 33015		DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualified 11/14/1994		** ***
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 48 00	SW 51 STREE	T 26			65-0533970	N:	ot Applicable
Sulte, Apt 22	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip _	Country	Zφ	Zip Country		8. This corporation owes or has paid the current year Intangible		
24 3331	33314 25 29		30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
	OCCO, DAVID		81	Name			
6187 NW 167TH ST, H13 MIAMI FL 33015			82	Street Ad	reet Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City	F	<b>85</b> Zip	Code
office or re agent. I ar SIGNATURE	egi <b>ste</b> red agent, or both, in the Stati m <b>fam</b> iliar with, and accept the oblig	e of Florida, Such change w gations of, Section 607.0505	ras authorized by , Florida Statutes	the corpors.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as	ts registered registered
	Signature, lyped or printed name of registered as	·	·	ent signature req	ADDITIONS/CHANGES TO OFFICERS A		OC IN 10
12.	OFFICERS AP	NO DIRECTORS  DELETE	13.		ADDITIONS/CHAINGES TO OFFICERS A	Change	Addition
TITLE	MARGOLIS, EILEEN					ontrige	riddillon
NAME	17805 NW 21ST ST		1.2 NAME	1000000			
STREET ADDRESS	PEMBROKE PINES FL		1.3 STREET				
CITY-ST-ZIP	T CHIBRONE 1 INCO 1 E	DELETE	1.4 CITY-S 2.1 TITLE	51 - ZIP		Change	Addition
TITLE	RUOCCO, DAVID		2.2 NAME				1.00
NAME	5347 NW 198TH TER			. 1000000			
STREET ADDRESS	MIAMI FL 33055		2.3 STREET				
CITY-ST-ZIP	INIAMI 1 C 00000	DELETE	2. 4 CITY-1 3.1 TULE	SI-ZIP		Change	Addition
TITLE		[] DECLIE	3.2 NAME			onungo	LII FROMINON
NAME			3.2 NAME	. Managed			
STREET ADDRESS							
CITY-ST-ZIP TITLE		DELETE	3 4. CITY-1	51-ZIP	Mark Control of the C	Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET				
			4.4 CITY-S				
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	,, ,,,,		☐ Change	Addition
NAME			5.2 NAME			-	
STREET ADDRESS			5.3 STREET	ADDRESS			
			5.4 CITY - S	i			
CITY-ST-ZIP TITLE		DELETE		51 °E11		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				ADDRESS			
			6.4 CITY - S				
14. I hereby o	ertify that the information supplied	with this filing does not gual	ify for the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information
indicated officer or a	on this principle conort or survitoment	tal annual report is tr <b>ue and</b> ceiver or trustee emp <b>owere</b> c	accurate and th	at my signa	iture shall have the same legal effect as if made equired by Chapter 607, Florida Statutes; and the	under oath: th	atiam an