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FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P95000060038

The Marketing Group International, Inc.

Principal Place of Business	Mailing Address
12864 Biscayne Blvd Suite 342 North Miami FL 33181	12864 Biscayne Blvd Suite 342 North Miami, FL 33181

2. Principal Place of Business	2a. Mailing Address
21 635 Euclid Avenue	26 635 Euclid Avenue
Suite, Apt. #, etc. 22 103	Suite, Apt. #, etc. 27 103
City & State 23 Miami Beach, FL 33139	City & State 28 Miami Beach, FL 33139
Zip 24 33139 Country 25	Zip 29 33139 Country 30

3. Date Incorporated or Qualified: 8/3/85
3a. Date of Last Report:
4. FEI Number: 65-0599868 ☐ 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

Paolo Sadri
12864 Biscayne Blvd
Suite 342
North Miami FL 33181

10. Name and Address of New Registered Agent

91 Name: Paolo Sadri
92 Street Address (P.O. Box Number is Not Acceptable): 635 Euclid Avenue
93: Suite 103
94 City: Miami Beach 95 FL 96 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 _____ DATE (If registered agent signature required above) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ DELETE	11 TITLE	☒ Change ☐ Addition
12 NAME	Paolo Sadri	12 NAME	
13 STREET ADDRESS	12864 Biscayne Blvd #342	13 STREET ADDRESS	635 Euclid Avenue, # 103
14 CITY-ST-ZIP	North Miami, FL 33181	14 CITY-ST-ZIP	Miami Beach, FL 33139
21 TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 a director or officer 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: X [signature] 4-30-97
Name and title of registered agent or authorized officer or director — Date