

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

APPROVED
AND
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97 JUN -6 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000088938
1. Corporation Name

F.G. TRADING GROUP INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 420 Lincoln Road	26 420 Lincoln Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 317	27 Suite 317
City & State	City & State
23 Miami Beach, Florida	28 Miami Beach, Florida
Zip	Zip
24 33139	29 33139
Country	Country
25 ---	30 ---

3. Date Incorporated or Qualified	3a. Date of Last Report
10/29/1996	N/A
4. FEI Number	☒ 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

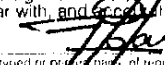
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	FABRIZIO L.D. GOLCMAN
82 Street Address (P.O. Box Number is Not Acceptable)	420 Lincoln Road
83	Suite 317
84 City	Miami Beach, FL
85 Zip Code	33139

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 available at applicable

FABRIZIO L.D. GOLCMAN

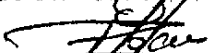
5/15/1997

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME		1.2 NAME	D. FABRIZIO L.D. GOLCMAN
STREET ADDRESS		1.3 STREET ADDRESS	1238 COLLINS AV., SUITE 208
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	100002207011-3
STREET ADDRESS		4.3 STREET ADDRESS	-06/10/97--01017--014
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****170.00 ****170.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 applicable, or on an attachment with an address.

SIGNATURE:



FABRIZIO L.D. GOLCMAN

5/15/1997 (305) 531-3406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

Telephone Number

CR2E034 (9/96)