

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

FILED

Apr 24 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 # **P96000088938 (1)**

1. Corporation Name

F.G. TRADING GROUP INC.

Principal Place of Business

**7930 EAST DRIVE
SUITE 116
NORT BAY VILLAGE FL 33141**

Mailing Address

**7930 EAST DRIVE
SUITE 116
NORT BAY VILLAGE FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1996

4. FEI Number

65-0755635

Applied For

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		2a. Mailing Address	
21	1003 SE. 17th Street	26	109 Hendricks Isle
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite 202	27	Suite 6
City & State		City & State	
23	Fort LAUDERDALE, FL.	28	Fort Lauderdale, FL.
Zip	Country	Zip	Country
24	33316	25	U.S.A.
29	33301	30	USA.

9. Name and Address of Current Registered Agent

**GOLCMAN, FABRIZIO L D
420 LINCOLN ROAD
SUITE 317
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81	Name	GOLCMAN, FABRIZIO L.D.	
82	Street Address (P.O. Box Number is Not Acceptable)	109 Hendricks Isle, Suite 6	
83			
84	City	Fort Lauderdale	85 Zip Code 33301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D.
NAME	GOLCMAN, FABRIZIO L D	1.2 NAME	GOLCMAN, FABRIZIO L.D.
STREET ADDRESS	1238 COLLINS AV., SUITE 208	1.3 STREET ADDRESS	109 Hendricks Isle, Suite 6
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	Fort Lauderdale, FL. 33301
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

FABRIZIO L.D. GOLCMAN, Director

April 16, 1998

CR2E034 (10/97)