

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
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/29/1996	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 65-0755635	APPLIED FOR
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLEMAN, 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

CP2E034 (10/97)