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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088938 ok

1. Corporation Name
F. G. TRADING GROUP INC.

Principal Place of Business	Mailing Address
7930 EAST DR STE 116 N. BAY VILLAGE, FL 33141	2821 NE 163RD ST STE 4P N. MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified [redacted] 10/29/1996

4. FEI Number 65-0755635 ☐ 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 the current year Intangible Personal Property Tax ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2821 NE 163RD ST #4P	28 2821 NE 163RD ST.
Suite, Apt. #, etc. 22 4P	Suite, Apt. #, etc. 27 4P
City & State 23 NORTH MIAMI BEACH FL	City & State 26 NORTH MIAMI BEACH, FL
Zip 24 33160 Country 25 USA	Zip 29 33160 Country 30 USA

9. Name and Address of Current Registered Agent

GOLCMAN FABLIZIO LD
109 HENDRICKS ISLE, STE 6
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

31 Name JORGE M. FLEISCHER
32 Street Address (P.O. Box Number is Not Acceptable) 2821 NE 163RD ST STE 4P
33
34 City NORTH MIAMI BEACH FL 35 FL Zip Code 33160

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		☐ DELETE			☐ Change ☒ Addition
TITLE D NAME GOLCMAN FABLIZIO LD STREET ADDRESS 109 HENDRICKS ISLE STE 6 CITY-ST-ZIP FORT LAUDERDALE, FL 33301			1.1 TITLE 1.2 NAME JORGE FLEISCHER 1.3 STREET ADDRESS 2821 NE 163RD ST STE 4P 1.4 CITY-ST-ZIP N. MIAMI BEACH FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: JORGE FLEISCHER 4/13/99 305 944 3548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #