


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90026 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																													
DOCUMENT # P98000001955 1. Corporation Name TRANS-PACIFIC MARKETING, INC.																																																															
Principal Place of Business 125 LAKE DORA DRIVE WEST PALM BEACH FL 33411		Mailing Address 125 LAKE DORA DRIVE WEST PALM BEACH FL 33411																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																													
9. Name and Address of Current Registered Agent CALLAS, FRANKLIN G 251 ROYAL PALM WAY, STE. 602 PALM BEACH FL 33480		10. Name and Address of New Registered Agent 81 Name RONALD M. SIANI 82 Street Address (P.O. Box Number is Not Acceptable) 83 125 LAKE DORA DR 84 City WEST PALM BEACH FL 85 Zip Code 33411																																																													
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 <i>Ronald M. Siani</i> DATE 25 JAN 99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																															
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PRESIDENT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>RONALD M SIANI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>125 LAKE DORA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH FL 33411</td> <td></td> </tr> </table>		TITLE	PRESIDENT	<input type="checkbox"/> DELETE	NAME	RONALD M SIANI		STREET ADDRESS	125 LAKE DORA		CITY-ST-ZIP	WEST PALM BEACH FL 33411		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE																																																													
NAME	RONALD M SIANI																																																														
STREET ADDRESS	125 LAKE DORA																																																														
CITY-ST-ZIP	WEST PALM BEACH FL 33411																																																														
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																														
1.2 NAME																																																															
1.3 STREET ADDRESS																																																															
1.4 CITY-ST-ZIP																																																															
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																														
2.2 NAME																																																															
2.3 STREET ADDRESS																																																															
2.4 CITY-ST-ZIP																																																															
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																														
3.2 NAME																																																															
3.3 STREET ADDRESS																																																															
3.4 CITY-ST-ZIP																																																															
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																														
4.2 NAME																																																															
4.3 STREET ADDRESS																																																															
4.4 CITY-ST-ZIP																																																															
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																														
5.2 NAME																																																															
5.3 STREET ADDRESS																																																															
5.4 CITY-ST-ZIP																																																															
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																														
6.2 NAME																																																															
6.3 STREET ADDRESS																																																															
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, with all other like empowered.

SIGNATURE: *Ronald M. Siani* **25 JAN 99** **561-471-9286**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)