SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S07305** **(3)**

1. Corporation Name
TREAL GROUP, INC.

Principal Place of Business	Mailing Address
2835 HOLLYWOOD BLVD HOLLYWOOD FL 33020	2835 HOLLYWOOD BLVD HOLLYWOOD FL 33020
AS ABOVE	C/O I. FARBER CA

2. Principal Place of Business 21		2a. Mailing Address 26	100 ALEXIS NIHON (NIHON)
Suite, Apt. #, etc 22		Suite, Apt. #, etc 27	290
City & State 23		City & State 28	ST LAURENT QUEBEC
Zip 24	Country 25	Zip 29	H4M2N7 Country 30 CANADA

3. Date Incorporated or Qualified: 10/15/1990
3a. Date of Last Report: 03/28/1995
4. FEI Number: 65-0235321 (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

~~SALVER, PAUL~~
~~5081 NW 151 STREET~~
~~SUITE 101~~
~~MIAMI LAKES FL 33014~~

10. Name and Address of New Registered Agent

81 Name: HAROLD WILSON
82 Street Address (P.O. Box Number is Not Acceptable): 265 PRAIRIE
83: MIAMI BEACH
84 City: FL 85 Zip Code: 33140

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, 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MESSER, ISSIE 2835 HOLLYWOOD BLVD HOLLYWOOD FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition DECEASED MARCH 1996
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAVITZ, LEO 2305 PATON STREET VILLE ST LAUREN, CAN	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SEC-TREAS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARBER, SANDRA 2335 MANTHA STREET VILLE ST LAUREN, CAN	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	PRESIDENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FARBER ISSIE 2335 MANTHA ST. VILLE ST LAURENT QUE	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☑ Change ☐ Addition V-PRESIDENT FARBER ISSIE 2335 MANTHA ST LAURENT QUE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ June 20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #