Applied For Not Applicable
\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

PROFIT CORPORATION ANNUAL REPORT

1999

City & State

23

24

Zip

DOCUMENT # V22075



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90010 037 ***158.75

1 18611 BUILDE		**************************************	. 4:1: 1010 (144

DO NOT WRITE IN THIS SPACE

1. Corporation Name FALCON TRADING GROUP,	INC.	
Principal Place of Business	Mailing Address	I (BUL) DILAND (1100 1151) ARILI ER
1313 SOUTH MILITARY TRAIL SUITE 313 DEERFIELD BEACH FL 33442	1863 S.W. 17TH STREET BOCA RATON FL 33486	DO NOT WR
US		 Date Incorporated or Qualifed 05/01/1992
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21	26	65-0337263
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired

City & State

28

Zip

CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301

Country

9. Name and Address of Current Registered Agent

82	82 Street Address (P.O. Box Number is Not Acceptable)				
83		· · · · · · · · · · · · · · · · · · ·			
84	City	FL	85	Zip Code	
above ed by	e-named corporation submits this s the corporation's board of director	statement for the purpose of cl rs. I hereby accept the appoint	nang	ing its registered as registered	

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

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

Country

81 Name

30

	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature n	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D □ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VITTOR, GLEN T.	1.2 NAME	
STREET ADDRESS	1863 S.W. 17TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	☐ DÉLETE	2.1 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS	. ಇತ್ತು ಹೊಳಗುವಾಗಿ ಬರ್ಬು ಪ್ರಬಂದಿಗಳ ಬರ್ಬಿಯ ಬರಿ ಮುಮ್ ಭವಿದಿಗಳ ಗೌತ್ರಗಳಿಯುವಾಗಿಗಳ	2.3 STREET ADDRESS	And the second s
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TTLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS	·	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	3.4. CITY-\$T-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	· DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	•	5.2 NAME	·. ·
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP 1	and something the second of th	5.4 CITY-ST-ZIP	
TITLE (5a)	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	The proof of the p	6.2 NAME	
STREET ADDRESS	AND A CONTRACTOR OF MAKE AN OWN DESCRIPTION OF THE SAME	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u> </u>

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 tile 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 or the adjustment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

561-V51-5224 Daytime Phone # / NEUBCOO