

**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. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000036298 (6)**

1. Corporation Name

**TIGER MARKETING & SALES, INC.**



Principal Place of Business

Mailing Address

7751 N.W. 6TH COURT  
6825 SW 81 ST STREET  
MIAMI FL 33143  
US

C/O PETE MEDINA  
9860 SW 4TH ST  
PLANTATION FL 33324  
US

3. Date Incorporated or Qualified  
**05/19/1993**

3a. Date of Last Report  
**03/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **6813 SW 81 TERR.**  
Suite, Apt #, etc

26 **6813 SW 81 TERR.**  
Suite, Apt #, etc

4. FEI Number  
**65-0414826**

Applied For  
Not Applicable

22 City & State

27 City & State

23 **MIAMI, FL**

28 **MIAMI, FL**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip **33143**

25 Country **USA**

29 Zip **33143**

30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SINGER, BERNARD A  
4700 SHERIDAN ST.  
SUITE B  
HOLLYWOOD FL 33021**

81 Name **B.J. CUMMINS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**400 SOUTHWEST EIGHTH ST**

84 City **FT LAUDERDALE**

FL

85 Zip Code **33316**

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

**B.J. CUMMINS**

*[Signature]*

**8-4-96**

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, HOWARD	
STREET ADDRESS	7751 N.W. 6TH COURT	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MEDINA, PETE	
STREET ADDRESS	9860 SW 4TH ST	
CITY - ST - ZIP	PLANTATION FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, PAT	
STREET ADDRESS	17725 NW 66 CT CIR	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DPST MEDINA, PETE	
13 STREET ADDRESS	9860 SW 4TH	
14 CITY - ST - ZIP	PLANTATION, FL, 33024	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	NINO, CALOS	
23 STREET ADDRESS	13912 SW 103 LN	
24 CITY - ST - ZIP	MIAMI, FL 33186	
31 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	BUSNCO, JULIO	
33 STREET ADDRESS	451 E 64 ST	
34 CITY - ST - ZIP	HIALEAH, FL 33013	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

**400001923784  
-08/16/96--01010--025  
\*\*\*225.00**

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 1907(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplement to 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, director, incorporator 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 it changes or on an attachment with an address.

SIGNATURE: *[Signature]* **PETE R MEDINA 7-2-96 305-665-2833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)