

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 23 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000036298 (6)

1. Corporation Name  
**TIGER MARKETING & SALES, INC.**



Principal Place of Business  
 6813 SW 81 TERR  
 MIAMI FL 33143  
 US

Mailing Address  
 6813 SW 81 TERR  
 MIAMI FL 33143  
 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number  
**65-0414826**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

9. Name and Address of Current Registered Agent  
**CUMMINS, B.J.**  
**400 SOUTHEAST EIGHT ST**  
**FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number Is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

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

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	MEDINA, PETE	
STREET ADDRESS	9880 SW 4TH	
CITY-ST-ZIP	PLANTATION FL 33024	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NINO, CALOS	
STREET ADDRESS	13912 SW 103 LN	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLANCO, JULIO	
STREET ADDRESS	451 E 54 ST	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10131 ROE AVENUE
1.4 CITY-ST-ZIP	OVERLAND PARK KS 66207
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NINO, CARLOS
2.3 STREET ADDRESS	8460 SW 154 CIRCLE CT. # 115
2.4 CITY-ST-ZIP	MIAMI FL 33193
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KIM MEDINA
3.3 STREET ADDRESS	10131 ROE AVENUE
3.4 CITY-ST-ZIP	OVERLAND PARK, KS 66207
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.

CR2E034 (5/98)