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Secretary of State

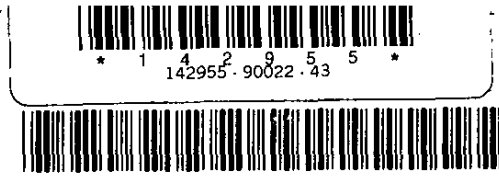
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757213

1. Corporation Name
GREENWICH ASSOCIATION, INC.

Principal Place of Business 1470 NE 123RD ST. MANAGERS OFFICE NORTH MIAMI FL 33161	Mailing Address 1470 NE 123RD ST. MANAGERS OFFICE NORTH MIAMI FL 33161
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/21/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2094391
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DCI-DEVELOPEMENT CONSULTANTS INC 2901 SIMMS STREET HOLLYWOOD FL 33020	10. Name and Address of New Registered Agent 81 Name Vole, Robert 82 Street Address (P.O. Box Number is Not Acceptable) 1470 NE 123RD ST #714 83 84 City N. Miami 85 Zip Code FL 33161
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/21/99**
Signature, typed or printed name 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 PD	NAME ROBERTS, ROBERT	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1470 NE 123RD ST, #401	CITY-ST-ZIP NORTH MIAMI FL 33161	1.2 NAME Robert Vole	
TITLE VP	NAME VOLE, ROBERT	1.3 STREET ADDRESS 1470, NE 123RD ST #714	
STREET ADDRESS 1470 NE 123RD ST, #714	CITY-ST-ZIP NORTH MIAMI FL 33161	1.4 CITY-ST-ZIP N. Miami, FL 33161	
TITLE SDT	NAME STEWART, J. PAUL	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1470 NE 123RD ST, #704	CITY-ST-ZIP NORTH MIAMI FL 33161	2.2 NAME BREN ARBACIC	
TITLE TSD	NAME DARUCAUD, DANIELLE	2.3 STREET ADDRESS 1470 NE 123 ST #1116	
STREET ADDRESS 1470 NE 123RD ST, #609	CITY-ST-ZIP NORTH MIAMI FL 33161	2.4 CITY-ST-ZIP N. Miami, FL 33161	
TITLE D	NAME KREISA, LESTER	3.1 TITLE SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1470 NE 123RD ST, #701	CITY-ST-ZIP NORTH MIAMI FL 33161	3.2 NAME Danielle Darucaud	
TITLE D	NAME SIMMONS, ANTHONY	3.3 STREET ADDRESS 1470 NE 123ST #609	
STREET ADDRESS 1470 NE 123RD ST, #13	CITY-ST-ZIP NORTH MIAMI FL 33161	3.4 CITY-ST-ZIP N. Miami, FL 33161	
TITLE D	NAME SIMMONS, ANTHONY	4.1 TITLE TSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1470 NE 123RD ST, #13	CITY-ST-ZIP NORTH MIAMI FL 33161	4.2 NAME Stovich, Lawrence	
TITLE D	NAME SIMMONS, ANTHONY	4.3 STREET ADDRESS 1470 NE 123ST #	
STREET ADDRESS 1470 NE 123RD ST, #13	CITY-ST-ZIP NORTH MIAMI FL 33161	4.4 CITY-ST-ZIP N. Miami, FL 33161	
TITLE D	NAME SIMMONS, ANTHONY	5.1 TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1470 NE 123RD ST, #13	CITY-ST-ZIP NORTH MIAMI FL 33161	5.2 NAME	
TITLE D	NAME SIMMONS, ANTHONY	5.3 STREET ADDRESS	
STREET ADDRESS 1470 NE 123RD ST, #13	CITY-ST-ZIP NORTH MIAMI FL 33161	5.4 CITY-ST-ZIP	
TITLE D	NAME SIMMONS, ANTHONY	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1470 NE 123RD ST, #13	CITY-ST-ZIP NORTH MIAMI FL 33161	6.2 NAME Drudge, Peter	
TITLE D	NAME SIMMONS, ANTHONY	6.3 STREET ADDRESS 1470 NE 123 ST #	
STREET ADDRESS 1470 NE 123RD ST, #13	CITY-ST-ZIP NORTH MIAMI FL 33161	6.4 CITY-ST-ZIP N. Miami, FL 33161	

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 617, 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: *[Signature]* DATE: **1/21/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0033056

CR2E037 (1/1/98)