

100.000. FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K88065 (3) Corporation Name FAMA GROUP, INC.



Principal Place of Business Mailing Address 700 NW LeJeune Rd Suite 400 MIAMI FL 33126

3. Date Incorporated or Qualified 05/15/1989 3a. Date of Last Report 02/28/1995

2. Principal Place of Business 21 782 NW LeJeune Road 2a. Mailing Address 26 782 NW LeJeune Road

4. FEI Number 65-0268577 Applied For Not Applicable

Suite, Apt. #, etc. 22 Suite 548 27 Suite 548

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23 Miami FL 28 Miami FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country 24 33126 USA 29 33126 USA 30 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 MARQUEZ, JOSE M. 700 NW LeJeune Rd Suite 400 MIAMI FL 33126

10. Name and Address of New Registered Agent 81 Name JOSE M. MARQUEZ, ESQ. 82 Street Address 782 NW LeJeune Road 83 Suite 548 84 City Miami FL 85 Zip Code 33126

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 [Signature] DATE 11/15/96

Table with 5 rows for OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox.

Table with 5 rows for ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS. Columns: 1-4 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) and checkboxes for Change and Addition.

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [Signature] President 1/15/96 447-1160

CR2E034 (12/95)

Handwritten initials: 2/5/2