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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000099143 (4)

THE INDIES GROUP, INC.

## FILED Aug 19 1998 8:00am Secretary of State

THE HAD	ЛЕО І	unour, inc.							
Principal Plac	e of B	#Iness	Mailing Ad	Idress				J DOGLEGAL DIE LOUIS LOUIS OURS WUSSEL WARE SALLE SALL	И
141 CRANDON BLVD. STE.447 141 CRANDON BLVD.					'E.447				
KEY BISACAYNE FL \$3149 KEY BISACAYNE FL 33149								.а. <del>г</del> 	
	:							DO NOT WRITE IN THIS \$PACE	
			<b>1</b>					3. Date Incorporated or Qualified 11/13/1997	
2. Principal P	lace of	<del></del>						4. FEI Number Applied For	_
21	-	,	26					65 -079 550 8 Not Applicable	le
Suite, Apt. #, eto/			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
22								Fee Required	4
h				City & State				6. Election Campaign Financing \$5.00 May Be	
Zip Country		Country	Zip Cou			ntnr	Trust Fund Contribution		$\dashv$
24	25		29		Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24	0	Name and Address of Curren			301			10. Name and Address of New Registered Agent	$\dashv$
GAR		OSE A				81	Name	141 Marine aria Madrese Arinow (registrore Marin	$\dashv$
		DON BLVD. STE.447						*	_
		CAYNE FL 33149				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
1761	DION	PRINE IL CONTO				83			$\dashv$
		,							
	7					84	City	FL 85 Zip Code	
11. Pursuani	t to the	provisions of sections 607 0502	2 and 607 1508	Florida Statute	s the ahr		named corn		-
office or	registe	red agent, or both, in the State	of Florida. Such	change was a	uthorized	by	the corpora	oration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
_		illiar with, and accept the obliga	RIONS OF, SECTION	1 607.0505, FIO	rida Stati	utes	•		
SIGNATURE		, typed or printed name of registered agen	t and title if applicable	, (NO	TE: Register	ed Ac	ent sionature re	equired when reinstating) DATE	
12.		OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1
TITLE	D		DELETE 1.17		1.1 TIT	LE		Change Additio	! <sub>ام</sub>
NAME	GARICIA, JOSE A			1.2 N		MÉ		<del></del>	;
STREET ADDRESS		CRANDON BLVD. STE.447	7		1.3 STF	REET	ADDRESS		
CITY-ST-ZIP	KEY	BISACAYNE FL 33149			1.4 CIT	Y-ST-	ZIP	:	
TITLE	D			DELETE	2.1 TIT	LE		Change Additio	, חנ
NAME		MARTINS, JAMES			2.2 NA	ME			
STREET ADDRESS			7			2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY	BISACAYNE FL 33149			2.4 CIT	Y-ST-	ZiP		
TITLE				DELETE	3.1 TIT	LE		Change Additio	ın I
NAME	-				3.2 NA	ME			
STREET ADDRESS					3.3 STF	REET	ADDRESS		
CITY-ST-ZIP					3.4 CIT	Y-ST-	ZIP		
TITLE	-			DELETE	4.1 TiT	LE		Change Additio	ın 📗
NAME		•			4.2 NA	ME			
STREET ADDRESS					4.3 STF	REET	ADDRESS		
CITY-ST-ZIP		·			4.4 CIT		ZIP		_
TITLE				DELETE	5.1 TIT	LE		Change Additio	n
NAME	j				5.2 NAI	WE	İ		
STREET ADDRESS	3	;			5.3 STR	EET	ADDRESS	÷	
CITY-ST-ZIP	_				5.4 CIT	Y-ST-	ZIP		$\Box$
TITLE		1	[	DELETE	6.1 TIT	LE	1	Change Additio	n
NAME		· 1			6.2 NA	ΝE		,	
STREET ADDRESS							4		
DINECT ADDRESS					6.3 STR	EET	ADDRESS		

I. 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 supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under only 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.

CNATURE SECURED

CK2E034 (5/9