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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K55833

1. Corporation Name

PRIVATE GROUPS, INC.

Principal Place of Business

1172 SOUTH DIXIE HWY.
SUITE #115
CORAL GABLE FL 33146
US

Mailing Address

1172 SOUTH DIXIE HWY.
SUITE #115
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1988

4. FEI Number

65-0146357

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

FUERTES, FELIX R.
5511 RIVIERA DR.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	FUERTES, EVANGELINA	1.2 NAME	
STREET ADDRESS	823 MARTI ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JUAN PR	1.4 CITY-ST-ZIP	
TITLE	DAS	2.1 TITLE	D/S
NAME	CAMERON, REGINA M	2.2 NAME	CAMERON, REGINA M.
STREET ADDRESS	5511 RIVIERA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	DPTM	3.1 TITLE	
NAME	FUERTES, FELIX R	3.2 NAME	
STREET ADDRESS	5511 RIVIERA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	DVS	4.1 TITLE	D/V/AS
NAME	FUERTES, ROBERTO	4.2 NAME	FUERTES, ROBERTO
STREET ADDRESS	823 MARTI ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JUAN PR	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 305-665-7716

CR2E034 (11/98)