

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 662087 (6)
1. Corporation Name
THE LAMB GROUP, INC.



Principal Place of Business 1234 S. DIXIE HWY #318 MIAMI FL 33146 US	Mailing Address 328 MINORCA AVE. 2ND FLOOR CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1234 S. Dixie Hwy. Suite, Apt. #, etc. 22 # 340 City & State 23 MIAMI, FL Zip 24 33146 Country 25 PADE		2a. Mailing Address 26 1234 S. Dixie Hwy Suite, Apt. #, etc. 27 # 340 City & State 28 MIAMI FL Zip 29 33146 Country 30 PADE		3. Date Incorporated or Qualified 04/23/1980	4. FEI Number 31-1086738 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent SIBLEY, MONTGOMERY B 328 MINORCA AVE. 2ND FLOOR MIAMI FL 33134				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1234 S. Dixie Hwy 83 # 340 84 City MIAMI 85 Zip Code FL 33146			
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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 *M. Blair Sibley* M. Blair Sibley 4/16/98
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	PDT	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIBLEY, MONTGOMERY BLAIR			1.2 NAME			
STREET ADDRESS	328 MINORCA AVE., 2ND FLOOR			1.3 STREET ADDRESS	1234 S. Dixie Hwy # 340		
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP	MIAMI, FL 33146		
TITLE	VPSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SVCHANA, SIBLEY			2.2 NAME	Svetlana Sibley		
STREET ADDRESS	328 MINORCA AVE., 2ND FLOOR			2.3 STREET ADDRESS	1234 S. Dixie Hwy, # 340		
CITY - ST - ZIP	CORAL GABLES FL			2.4 CITY - ST - ZIP	MIAMI, FL 33146		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.

SIGNATURE: *M. Blair Sibley* M. Blair Sibley - Pres. Lt 4/16/98 305-952-0000

CR2E034 (10/97)