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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 # 6620070K			
1. Corporation Name The Lamb Group			
Principal Place of Business The Lamb 1234 S. Dixie Hwy., # 340 MIAMI, FL 33146		Mailing Address	
2. Principal Place of Business 21 7700 SW 176 St. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip Country 24 33157 25 USA		2a. Mailing Address 26 7700 SW 176 St Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip Country 29 33157 30 USA	
9. Name and Address of Current Registered Agent Blair Sblay 1234 S. Dixie Hwy., # 340 MIAMI, FL 33146		10. Name and Address of New Registered Agent 81 Name M. Blair Sblay 82 Street Address (P.O. Box Number is Not Acceptable) 7700 SW 176 St 83 84 City MIAMI 1 FL 85 Zip Code 33157	
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 Sblay (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 4/19/99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Blair Sblay P/D <input type="checkbox"/> DELETE NAME STREET ADDRESS 7700 SW 176 St CITY-ST-ZIP MIAMI, FL 33157		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 7700 SW 176 St 1.4 CITY-ST-ZIP MIAMI, FL 33157	
TITLE VP/S/D <input type="checkbox"/> DELETE NAME Svetlana Sblay STREET ADDRESS Sblay, Suchman CITY-ST-ZIP		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 7700 SW 176 St 2.4 CITY-ST-ZIP MIAMI, FL 33157	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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(1)(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:

M. Blair Sblay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)