

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F11542 (0)**

1. Corporation Name
ADLER GROUP, INC.



Principal Place of Business: **8181 N.W. 14TH STREET MIAMI FL 33126**
Mailing Address: **8181 N.W. 14TH STREET MIAMI FL 33126**

3. Date Incorporated or Qualified: **12/23/1980**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2048548**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1400 N.W. 107 Ave. 22 5th Floor 23 Miami, Fl. 24 33172**
2a. Mailing Address: **26 1400 N.W. 107 Ave. 27 5th Floor 28 Miami, Fl. 29 33172**

9. Name and Address of Current Registered Agent

**LEVY, JOEL
ADLER GROUP, INC.
8181 NW 14 STREET
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name: **Same**
82 Street Address (P.O. Box Number is Not Acceptable): **1400 N.W. 107 Ave. 5th Floor**
83 City: **Miami** 85 Zip Code: **FL 33172**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ADLER, MICHAEL M	
STREET ADDRESS	8181 NW 14TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ADLER, HERBERT	
STREET ADDRESS	8181 NW 14TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ADLER, STEVEN	
STREET ADDRESS	8181 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVY, JOEL	
STREET ADDRESS	8181 14TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	1400 NW 107 Ave, 5th Floor	
14 CITY-ST-ZIP	Miami, Fl. 33172	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	1400 NW 107 Ave. 5th Floor	
24 CITY-ST-ZIP	Miami, Fl. 33172	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	1400 NW 107 Ave. 5th Floor	
34 CITY-ST-ZIP	Miami, Fl. 33172	
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	1400 NW 107 Ave. 5th Floor	
44 CITY-ST-ZIP	Miami, Fl. 33172	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. 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 supplementary 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 in an attachment with an address.

SIGNATURE: *Joel Levy* 4/30/96 (305) 392-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)