

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **H82470** (6)
1. Corporation Name
2457 GROUP, INC.



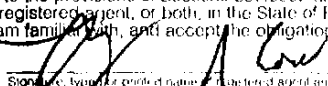
Principal Place of Business % JORGE A. LOPEZ. ESO. / LEGAL DEPT. 2500 NW 79TH AVE. MIAMI FL 33122 US	Mailing Address % JORGE A. LOPEZ. ESO. / LEGAL DEPT. 2500 NW 79TH AVE. MIAMI FL 33122 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2500 NW. 79th Avenue Suite, Apt. #, etc. 22 Legal Department City & State 23 Miami Zip 24 33122		2a. Mailing Address 26 2500 NW. 79th Avenue Suite, Apt. #, etc. 27 Legal Department City & State 28 Miami Zip 29 33122		3. Date Incorporated or Qualified 10/24/1985	
Country 25 USA		Country 30 USA		4. FEI Number 59-2671995 Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent LOPEZ, JORGE A. 2500 NW 79TH AVENUE MIAMI FL 33122		10. Name and Address of New Registered Agent 81 Name PERRY I. CONE 82 Street Address (P.O. Box Number is Not Acceptable) 2500 NW. 79th Ave. 83 84 City Miami 85 Zip Code FL 33122	
--	--	--	--

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  **PERRY I. CONE** DATE **4/13/98**
Signature, typed name, and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, JORGE A. 2500 NW 79TH AVE. MIAMI FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S PERRY I. CONE 2500 NW. 79th Ave. Miami, FL. 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, JOSE 2500 NW 79 AVE. MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JOSE M. ALVAREZ (Director)** DATE **4/13/98** (305) 715-0000 Ext. 3379

CR2E034 (10/97)