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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 30 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # H96811

(5)

Mailing Address

THE ADVERTISING GROUP, INC.

1420 BIRD RD CORAL GABLES FL 33146 US		1420 BIRD RD CORAL GABLES FL 33146-1057 US							
						3. Date Incorporated or Qualified 01/28/1986		te of Last F <b>)4/1996</b>	Report
2. Principa P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26			59-2645599		N/	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27					Fee R	equired	
City & State	9	City & State			6. Election Campaign Financing			May Be	
<b>23</b>	Country	Zip Country			Trust Fund Contribution	<u> </u>	<del></del>	to Fees	
24	25 29 30			### #################################					
	9, Name and Address of Current		30	T		10. Name and Address of New Re			
ABREU, SERGIO					Name		,		
MAN RIPH PH							·····		
CORAL GABLES FL 33146				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		1
OUTE GENELOTE OUTTO				83					
					<u>.</u>		1.		
				84	City		FL	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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. Lam fam har with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ager	t and tide if applicable [NOT	E: Registere	d Ager	nt signature req	uired when reinstating)	DATE	····	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	PST	DELETE	1.5 TI	TLE				Change	Addition
NAME	ABREU, MARY MARLENE		1.2 N	AME					
STREET ADDRESS	1420 BIRD RD		1.3 \$	TREET /	ADDRESS				
CITY - ST - ZIP				ITY-ST	- ZiP				
TITLE	D DELETE			2.1 TITLE				Change	Addition
NAME	ABREU, MARY MARLENE		2.2 NAME						
STREET ADDRESS	1420 BIRD RD		2.3 STREET ADDRESS						
CrTY - ST - ZIP	CORAL GABLES FL		2. 4 CITY-ST-ZIP					<del></del>	
TITLE		DELETE	3.1 TITLE					L Change	Addition
NAME	3.2			AME					
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NAME			4. 2 N		I BODECC				
STREET ADDRESS			1		ADDRESS				
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NAME			5.1 TI					Change	☐ Addition
!			5.2 N						
STREET ADDRESS					ADORESS				
CITY - ST - ZIP TITLE		DELETE	5.4 CI 6.1 TI	ITY-ST	- 219			Change	Addition
NAME		OLLUL	6.2 N		ŀ		i	mi cuanta	
STREET ADDRESS			I I		ADDOCES				
			· F		ADDRESS				
14. 1 do heret	y certify that the information supplied	with this filing does not qualif	fy for the	ITY-ST exen	notion state	ed in Section 119.07(3)(i), Florida Statutes	1 further	certify that	the
informatio Lam an of	n indicaled on this anfiual report or su	ipplemental annual report is ti the receiver or trustee empow	rue and a rered to a	accur	rate and tha	at my signature shall have the same lega ort as required by Chapter 607, Florida S	affact ac	if mede un	der eath: that