

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J22539

(7)

1. Corporation Name

PHOENIX CAPITAL GROUP, INC.



Principal Place of Business

Mailing Address

2601 SOUTH BAYSHORE DRIVE
19TH FLOOR
MIAMI FL 33133
US

2601 S BAYSHORE DR
19TH FLOOR
MIAMI FL 33133
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/01/1986

3a. Date of Last Report
04/20/1995

4. FET Number

59-2691707

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

COBER CORPORATE AGENTS INC
2601 SOUTH BAYSHORE
19TH FLOOR
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent (required)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BERNSTEIN, RICHARD N.
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR
CITY-STATE-ZIP MIAMI FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change Addition

TITLE VPD
NAME COHEN, JEFFREY MICHAEL
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR
CITY-STATE-ZIP MIAMI FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

TITLE VPD
NAME BRODIE, STEVEN J.
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR
CITY-STATE-ZIP MIAMI FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

TITLE SD
NAME KONDELL, KAREN P.
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR
CITY-STATE-ZIP MIAMI FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

TITLE TD
NAME BERKE, MICHAEL A.
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR
CITY-STATE-ZIP MIAMI FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

TITLE AS
NAME COHEN, BETSY Z.
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR
CITY-STATE-ZIP MIAMI FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD N. BERNSTEIN, PRESIDENT

1/24/96

(305) 854-5900

CR2E034 (12/95)