SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K35176** **(2)**

1. Corporation Name
CUSTER MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
% RICHARD J. LEE, P.A. FIFTH FLOOR, 2655 LE JEUNE ROAD CORAL GABLES FL 33179-4037	% RICHARD J. LEE, P.A. FIFTH FLOOR, 2655 LE JEUNE ROAD CORAL GABLES FL 33179-4037

3. Date Incorporated or Qualified: 09/29/1988
3a. Date of Last Report: 07/17/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o Haft & Associates, P.A.	26 c/o Haft & Associates, P.A.
Suite, Apt. #, etc 22 1101 Brickell Ave, Suite 800 South	Suite, Apt. #, etc 27 1101 Brickell Ave, Suite 800 South
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

4. FEI Number: 59-2917891 ☐ 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

9. Name and Address of Current Registered Agent

LEE, RICHARD J.
FIFTH FLOOR, GABLES INTERNTIONAL PLAZA
2655 LE JEUNE RD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Haft & Associates, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Suite 800 - South Tower
83: 1101 Brickell Avenue
84 City: Miami FL 85 Zip Code: 33131

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: Barry Haft, Pres. Barry J. Haft 8-1-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	CUSTER, FELIPE ANTONIO		1.2 NAME		
STREET ADDRESS	2655 LE JEUNE RD		1.3 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Miami FL 33131	
TITLE	D	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	CUSTER, FELIPE ANTONIO		2.2 NAME		
STREET ADDRESS	2655 LE JEUNE RD		2.3 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	Miami FL 33131	
TITLE	S	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	TREISE, RICHARD		3.2 NAME		
STREET ADDRESS	2655 LE JEUNE RD		3.3 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	Miami FL 33131	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Felipe A. Custer 8-1-96 305-381-9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #