

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

FILED
May 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 # K35176 (2)
1. Corporation Name
CUSTER MANAGEMENT GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O HAPT & ASSOCIATES, P.A. 4401 BRICKELL AVE., SUITE 800 SOUTH MIAMI FL 33131 US C/O HAPT & ASSOCIATES, P.A. 4401 BRICKELL AVE., SUITE 800 SOUTH MIAMI FL 33131 US		Mailing Address C/O HAPT & ASSOCIATES, P.A. 4401 BRICKELL AVE., SUITE 800 SOUTH MIAMI FL 33131 US C/O HAPT & ASSOCIATES, P.A. 4401 BRICKELL AVE., SUITE 800 SOUTH MIAMI FL 33131 US	
2. Principal Place of Business 21 One Biscayne Tower Suite, Apt. #, etc. 22 Suite 1470 City & State 23 Miami FL Zip 24 33131 Country 25 US		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	

3. Date Incorporated or Qualified 09/29/1988	4. FEI Number 59-2917891	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
HAPT & ASSOCIATES, P.A.
4401 BRICKELL AVE.
SUITE 800 SOUTH TOWER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Regina M. Florez	82 Street Address (P.O. Box Number is Not Acceptable) One Biscayne Tower	83 Suite 1470	84 City Miami	85 Zip Code FL 33131
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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: REGINA M. FLOREZ
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required upon reinstating)
DATE: 4/29/98

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	CUSTER, FELIPE ANTONIO	
STREET ADDRESS	4401 BRICKELL AVE., SUITE 800 SOUTH	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUSTER, FELIPE ANTONIO	
STREET ADDRESS	4401 BRICKELL AVE., SUITE 800 SOUTH	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TREISE, RICHARD	
STREET ADDRESS	4401 BRICKELL AVE., SUITE 800 SOUTH	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ONE BISCAYNE TOWER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Suite 1470	
1.3 STREET ADDRESS	MIAMI FL 33131	
1.4 CITY - ST - ZIP		
2.1 TITLE	SAME AS ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SAME AS ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: F. A. Kuster Pres.

CR2E034 (10/97)