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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K48957 CHRISTOPHER ADVERTISING GROUP, INC. Principal Place of Business Mailing Address 2999 NE 191 Street 2999 NE 191 Street Suite 900 Suite 900 Aventura, FL 33180 Aventura, FL 33180 Date Incorporated or Qualified 12/05/1988 3a. Date of Last Report 08/06/1996 4. FEI Number 2. Pancipal Place of Business 2a. Mailing Address Applied For 65-0105744 Not Applicable Suite, Apt. #, etc. Suite, Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No Florida Statutes 30 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOCHSZTEIN, FRED Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191 Street #900 Aventura, Fl 33180 83 Zip Code Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered directors accept the obligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the provisions of office or registered age agent. I am familiar with S:GNATURI registered agent and title il applicabl OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change 11 TITLE THILE DPST 1.2 NAME EAST! Paul Christopher STREET ANORESIS 1.3 STREET ADORESS 5900 SW 96 Street CHY SI 70° 1.4 CITY-ST-ZIP Coral Gables, Fl DELETE Change Addition 2.1 TITLE 100 2.2 NAME 23 STREET ADDRESS SIBBLE ADDRESS 2 4 City-St-ZiP Offit ST 20 DELETE Change Addition 1.105 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS \$39EFF Z. 076 525 3.4. CITY - ST-ZIP OTF SI ZE DELETE THE 4.1 TITLE Change Addition 4.3 STREET ADDRESS SHOEL ADDRESS 44 CITY - ST - ZIP DELETE Addition 1 || 1 5.2 NAME NAME 5 3 STREET ADDRESS STREET CHIRES 5.4 CITY-ST - ZIP DELETE 6.1 TITLE P164 40000215904 -04/23/97--01099--052

6.2 NAME

ment with an a

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

14. Edo hereby certify intornation indical appoints in Block 13

NAME. SERVICE PROPERTY

Paul Christopher, President 4/24/97 (305) 770 1000

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the jual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee emptywered to execute this report as required by Chapter 607, Florida Statutes; and that my name

***165.00