

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K55833

(3)

1. Corporation Name

PRIVATE GROUPS, INC.

Principal Place of Business

Mailing Address

~~444 BRICKELL AVENUE, SUITE 3100~~
~~MIAMI FL 33131~~
SUITE #115
CORAL GABLES, FL 33146

~~444 BRICKELL AVENUE, SUITE 3100~~
~~MIAMI FL 33131~~
1172 SOUTH DIXIE HWY.
SUITE #115
CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/29/1988

3a. Date of Last Report

03/15/1994

2. Principal Place of Business

2a. Mailing Address

21 1172 SOUTH DIXIE HWY.
SUITE #115
CORAL GABLES, FL 33146

26 1172 SOUTH DIXIE HWY.
SUITE #115
CORAL GABLES, FL 33146

4. FEI Number

65-0146357

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

10. Name and Address of New Registered Agent

FUERTES, FELIX R.
1941 BRICKELL AVENUE, #602
MIAMI FL 33129

5511 RIVIERA DR.
CORAL GABLES, FL 33146

81 Name

Same

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

5511 RIVIERA DR.

83

84 City

Coral Gables

FL

85 Zip Code

33146

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. Each 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	FUERTES, EVANGELINA
STREET ADDRESS	823 MARTI ST
CITY - ST - ZIP	SAN JUAN PR
TITLE	D
NAME	CAMERON, REGINA M
STREET ADDRESS	5511 RIVIERA DR
CITY - ST - ZIP	CORAL GABLES FL
TITLE	DPTM
NAME	FUERTES, FELIX R
STREET ADDRESS	5511 RIVIERA DR
CITY - ST - ZIP	CORAL GABLES FL
TITLE	DVS
NAME	FUERTES, ROBERTO
STREET ADDRESS	823 MARTI ST
CITY - ST - ZIP	SAN JUAN PR
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	D/ASSISTANT SECRETARY
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 registered agent 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felix R. Fuertes - Director

4/2/95 305-665-7716