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**PROFIT** CORPORATION ANNUAL REPORT



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

 1996
CUMENT # Joration Name

K55833

(3)

<b>PRIVATE</b>	GROUPS.	INC.
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Principal Place		Mailing Address				1411 1581
1172 SOUTH SUITE #115		1172 SOUTH DIXIE I SUITE #115				
CORAL GABLE FL 33146 US		CORAL GABLES FL 33146 US			3. Date Incorporated or Qualified 3a. Date of East Report 12/29/1988 05/01/1995	· · · · =····
	ice of Business	2a. Mailing Address		· · · · · ·	4. FEI Number Applier	d For
1		26			65-0146357 Not Ap	plicable
— Suite, Apl. ⊭ . I	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addi	tional
2		27			Fee Requir	ed
City & State		City & State			6. Election Campaign Financing \$5.00 May	
<u>3</u> 1 Z⊕	Country		Countr		Added to Fi	
4	25	29	30 Countr	У	8. This corporation has liability for intangible tax under s 199.0 Florida Statutes Yes 17 No	32,
21	g. Name and Address of Curre		1301		10. Name and Address of New Registered Agent	
			8	1 Name	10, Teams and Pagines of Non Hogistered Agent	
FLIERTE	S, FELIX R.					
	VIERA DR.		82	2 Street A	Address (P.O. Box Number is Not Acceptable)	
	GABLES FL 33146		83	3		
COLLIE	CARDELO I E 00140					
			84	4 City	FL 85 Zip Code	9
or registere						
SIGNATURE	ad agent, or both, in the State of Flor h, and accept the obligations of, Sec Squature transformers have of registered age	Name of the first state of the f	os. 		equired when reinstalving). DATE	*********
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oath; that I am an office or director of the corporation or the receiver or bestoe 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 address. SIGNATURE:

SIGNATURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR