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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE!



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

305-645-7716

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K55833

(3)

PRIVATE	GROUPS, INC.		-		
Principal Place of Business Mailing Address 1172 SOUTH DIXIE HWY. 1172 SOUTH DIXIE HWY. SUITE #115 SUITE #115 CORAL GABLE FL 33146 CORAL GABLES FL 3314			2918	- I HORIHAIK DOI DITTE BROOT JANGE LIIDA INI A	
US		US		3. Date Incorporated or Qualified 12/29/1988	3a. Date of Last Report 02/01/1996
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0146357	Applied For Not Applicable
Suite, Apl. ≢ 22	⊭, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		Crly & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	jistered Agent
	rtes, feux R.		81 Name		
5511 RIVIERA DR. CORAL GABLES FL 33146			82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)
-			83		
			B4 City		EL 85 Zip Code
11 Parsuanth	a the provisions of Sections 607.050	2 and 607 1508. Florida Statuti	es the above-named corn	oration submits this statement for the nu	
office or re	egistered agent, or both, in the State	of Florida, Such change was a ations of Section 607,0505. Fir	authorized by the corporationida Statutes	oration submits this statement for the pu on's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	10	Folix K	- IverTes	1/17/97	
	Signature typica i <u>nime Liname of registimos ago</u>	of and title if applicable. (NOTI	:: Registered Agent signature require		DATE
12.	OFFICERS ANI	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change
TITLE NAME	FUERTES, EVANGELINA		1.1 TITLE 1.2 NAME		C custific C vocation
STREET ADDRESS	823 MARTI ST		1.3 STREET ADDRESS		
CHTY-ST-ZIP	SAN JUAN PR		1.4 CITY-ST-ZIP		
TITLE	DAS	DELETE	2.1 TITLE		Change Addition
NAME	CAMERON, REGINA M		2.2 NAME		
STREET ADDRESS	5511 RIVIERA DR CORAL GABLES FL		2.3 STREET ADDRESS		
CITY-\$1-7# TITLE	DPTM	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME	FUERTES, FELIX R		3.2 NAME		C Cutalign C Acquipm
STREET ADDRESS	5511 RIMERA DR		33 STREET ADDRESS		
CHY-\$1-72	CORAL GABLES FL		34 CHTY-ST-ZIP		
TITLE	DVS	☐ DELETE	41 TITLE		Change Addition
NAME	FUERTES, ROBERTO		4 2 NAME		
STREET ADDRESS	823 MARTI ST		4.3 STREET ADDRESS		
CHY-51-20°	SAN JUAN PR	DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME			5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-51-ZIP			5.4 CITY - ST - ZIP		
Title		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ACCRESS			6.3 STREET ADDRESS		
City-S1-ZIP			6.4 CITY - ST - ZIP		···
information	n indicated on this annual report or s	supplemental annual report is to	rue and accurate and that	I in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida S	I effect as if made under oath; that