

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

**FILED**

**May 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # K56226 (9)**

1. Corporation Name  
**WALLENSTEIN GROUP, INC.**



Principal Place of Business <b>C/O ALAN R. KELSO DE MONTIGNY 7975 S.W. 86 ST., #228 MIAMI FL 33143</b>	Mailing Address <b>C/O ALAN R. KELSO DE MONTIGNY 7975 S.W. 86 ST., #228 MIAMI FL 33143-7048</b>
---	--

3. Date Incorporated or Qualified <b>12/28/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

21. Principal Place of Business <b>C/O Alan R. de Montigny 8306 MILLS DRIVE</b>	2a. Mailing Address <b>C/O Alan R. de Montigny 8306 MILLS DRIVE</b>	4. FEI Number <b>65-0152127</b>	Applied For Not Applicable
22. Suite, Apt #, etc. <b>UNIT 592</b>	27. Suite, Apt #, etc. <b>UNIT 592</b>	6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State <b>MIAMI FLA</b>	28. City & State <b>MIAMI FLA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip <b>33183</b>	25. Country <b>USA</b>	29. Zip <b>33183</b>	30. Country <b>USA</b>

81. _____	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. _____	
84. City	

9. Name and Address of Current Registered Agent

**KELSO DE MONTIGNY, ALAN R.  
7975 S.W. 86 ST.  
#228  
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81. \_\_\_\_\_

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

83. \_\_\_\_\_

84. City

85. Zip Code

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: *Alan K. de Montigny* **Alan K. de Montigny** (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE the address
NAME	<b>KELSO DE MONTIGNY, ALAN</b>	
STREET ADDRESS	<b>7975 S.W. 86 ST.</b>	<b>New address →</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELISABETH KELZ,</b>	
STREET ADDRESS	<b>JOH-SEB-BACH STR. 16</b>	
CITY - ST - ZIP	<b>64807 DIEBURG GE</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HENRY KELZ</b>	
STREET ADDRESS	<b>C.P. 129</b>	
CITY - ST - ZIP	<b>CH 6906 LUGANO SW</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PROF. JEAN MORRELL</b>	
STREET ADDRESS	<b>104 RUE DE RICHELIEU</b>	
CITY - ST - ZIP	<b>PARIS FR</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KELSO DE MONTIGNY, ALAN</b>	
1.3 STREET ADDRESS	<b>8306 MILLS DRIVE, UNIT 592</b>	
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33183</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input 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 do 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: *Alan K. de Montigny* **Alan K. de Montigny** 4-24-97 305-279-1140  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)