FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 15 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K88222 (0)

1. Corporation Name
PROJECT MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD. #1120 CORAL GABLES FL 33134 US	999 PONCE DE LEON BLVD #1120 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 6001 SW. 86 ST
22 Suite, Apt. #, etc.
23 City & State: MIAMI FL
24 Zip: 33143 25 Country: USA

2a. Mailing Address
26 6001 SW. 86 ST
27 Suite, Apt. #, etc.
28 City & State: MIAMI, FL
29 Zip: 33143 30 Country: USA

4. FEI Number: 65-0125546 ☐ 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

BRUCE, DENNIS E. ESQ
1888 NW 7 ST
MIAMI FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____
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	PSD	1.1 TITLE	☑ Change ☐ Addition
NAME	BRUCE, CHRISTINA	1.2 NAME	
STREET ADDRESS	~~2451 BRICKELL AVE #9M~~	1.3 STREET ADDRESS	6001 SW. 86 ST
CITY-ST-ZIP	MAIMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33143
			ADDRESS
TITLE	VTD	2.1 TITLE	☑ Change ☐ Addition
NAME	BERNAL, JORGE L.	2.2 NAME	
STREET ADDRESS	~~2451 BRICKELL AVE, #9M~~	2.3 STREET ADDRESS	6001 SW. 86 ST.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33143
			ADDRESS
TITLE	VT	3.1 TITLE	☑ Change ☐ Addition
NAME	BERNAL, JORGE L.	3.2 NAME	
STREET ADDRESS	~~11900 BISCAYNE BLVD.~~	3.3 STREET ADDRESS	6001 SW. 86 ST.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33143
			ADDRESS
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: CBruce CHRISTINA BRUCE 1/23/95 305/665 2337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #