FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L01870 (9)

1. Corporation Name

CHEROKEE GROUP, INC.

Principal Place of Business	Mailing Address
201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131	201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified 07/14/1989
3a. Date of Last Report 03/28/1995

4. FEI Number 65-0155565 ☐ 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

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Corporation Company of Miami
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 Talahassee FL 85 32301

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PDS** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **GARCIA, ILEANA**		1.2 NAME	
STREET ADDRESS **700 S ROYAL POINCIANA DR. STE 800**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI SPRINGS FL**		1.4 CITY-ST-ZIP	
TITLE **AS** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **ABAUNZA, CARLOS**		2.2 NAME	
STREET ADDRESS **700 S. ROYAL POINCIANA STE 800**		2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI SPRINGS FL**		2.4 CITY-ST-ZIP	
TITLE **T** ☒ DELETE		3.1 TITLE	☒ Change ☒ Addition
NAME **PINERA, JULIO**		3.2 NAME Carlos Abaunza	
STREET ADDRESS **700 S. ROYAL POINCIANA, STE. 800**		3.3 STREET ADDRESS 700 S. Royal Poinciana Blvd	
CITY-ST-ZIP **MIAMI SPRINGS FL**		3.4 CITY-ST-ZIP Miami Springs FL 33166	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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. Ileana Garcia

SIGNATURE: Ileana Garcia Secretary 3/21/96 (305) 884-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR