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SECRETARY OF STATE
TALLAHASSEE FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997



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: **201 S. BISCAYNE BLVD. 1800 MIAMI CENTER MIAMI FL 33131**
Mailing Address: **201 S. BISCAYNE BLVD. 1800 MIAMI CENTER MIAMI FL 33131-4332**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1989		3a. Date of Last Report 03/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0155565		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name	Corporation Service Company	
82	Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street	
83	City	Tallahassee	
84	State	85	Zip Code
	FL		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: *Deborah D. Skipper* **Deborah D. Skipper, As Agent** DATE: **3/10/97**

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	GARCIA, ILEANA	
STREET ADDRESS	700 S ROYAL POINCIANA DR. STE 800	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ABAUNZA, CARLOS	
STREET ADDRESS	700 SOUTH ROYAL POINCIANA BLVD	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PINERA, JULIO	
STREET ADDRESS	700 S. ROYAL POINCIANA, STE. 800	
CITY-ST-ZIP	MIAMI SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300002109223--1
1.4 CITY-ST-ZIP	-03/10/97--01143--025
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	****165.00 ****165.00

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 contained 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: *Ileana Garcia* DATE: **2/10/97** (301) 884-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)