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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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 07/14/1989		3a. Date of Last Report 03/26/1996	
4. FEI Number 65-0155565		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 84 City Tallahassee FL 85 Zip Code 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: <i>Deborah D. Skipper</i> Deborah D. Skipper, As Agent DATE: 3/10/97 <small>(Signature typed on back of name of registered agent and vice versa, if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS 12.1 TITLE NAME: PDS GARCIA, ILEANA STREET ADDRESS: 700 S ROYAL POINCIANA DR. STE 800 CITY-ST-ZIP: MIAMI SPRINGS FL <input type="checkbox"/> DELETE 12.2 TITLE NAME: AS ABAUNZA, CARLOS STREET ADDRESS: 700 SOUTH ROYAL POINCIANA BLVD CITY-ST-ZIP: MIAMI SPRINGS FL <input type="checkbox"/> DELETE 12.3 TITLE NAME: T PINERA, JULIO STREET ADDRESS: 700 S. ROYAL POINCIANA, STE. 800 CITY-ST-ZIP: MIAMI SPRINGS FL <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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: <i>Ilana Garcia</i> Ilana Garcia DATE: 3/10/97 (301) 884-2001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)