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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L01870**

1. Corporation Name
CHEROKEE GROUP, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
07/14/1989

2. Principal Place of Business: 21 700 S. Royal Poinciana Blvd. Suite 800 Miami Springs FL 33106 USA
 2a. Mailing Address: 26 700 S. Royal Poinciana Blvd. Suite 800 Miami Springs FL 33106 USA

4. FEI Number: 65-0155565
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	WHITE, RICHARD
STREET ADDRESS	700 S ROYAL POINCIANA BLVD 800
CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	WHITE, RICHARD
STREET ADDRESS	700 S ROYAL POINCIANA BLVD
CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE	S <input type="checkbox"/> DELETE
NAME	FINALE, MARILYN
STREET ADDRESS	700 S ROYAL POINCIANA BLVD
CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	President Isabel Diaz
4.3 STREET ADDRESS	700 S. Royal Poinciana Blvd #100
4.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33106
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Treasurer Isabel Diaz
5.3 STREET ADDRESS	700 S. Royal Poinciana Blvd 800
5.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33106
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 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, with all other like empowered.

SIGNATURE: *Isabel Diaz* **Isabel Diaz** 3/26/99 (205) 744-2001

CR2E034 (1/1/98)