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 # **L53287** **(3)**

1. Corporation Name

S.P.M. GROUP, INC.

Principal Place of Business	Mailing Address
~~299 ALHAMBRA CIRCLE~~ ~~#207~~ ~~CORAL GABLES FL 33134~~ ~~US~~	~~299 ALHAMBRA CIRCLE~~ ~~#207~~ ~~CORAL GABLES FL 33134~~ ~~US~~

3. Date Incorporated or Qualified: 02/27/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 790 NW 107 Ave	26 790 NW 107 Ave
Suite, Apt. #, etc. 22 208	Suite, Apt. #, etc. 27 208
City & State 23 Miami, FL	City & State 28 Miami, Fl
Zip 24 33172 Country 25 U.S.	Zip 29 33172 Country 30 U.S.

4. FEI Number: 65-0173941 ☐ 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

ARTEAGA, CARLOS
~~299 ALHAMBRA CIRCLE~~
~~#207~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: Arteaga, Carlos
82 Street Address (P.O. Box Number is Not Acceptable): 790 NW 107 Ave
83 Suite 208
84 City: Miami Fl FL 85 Zip Code: 33172

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: _____ 5-13-96
Signature, typed or printed name of registered agent and the title if applicable. (NOTE: Registered Agent's signature required when filing.) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARTEAGA, CARLOS		1.2 NAME		
STREET ADDRESS	~~299 ALHAMBRA CIR, #207~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL GABLES FL~~		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	790 NW 107 Ave	☐ Change ☐ Addition
NAME	AGUILERA, RAUL		2.2 NAME	Suite 208	
STREET ADDRESS	~~299 ALHAMBRA CIR, #207~~		2.3 STREET ADDRESS	Miami, FL 33172	
CITY-ST-ZIP	~~CORAL GABLES FL~~		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
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.

SIGNATURE: _____ 5/13/96 444-6757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #