


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L97772 (2)

1. Corporation Name
C S G PROMOTIONS, INC.



Principal Place of Business 3271 N.W. 7TH ST #214 MIAMI FL 33125 US		Mailing Address 3916 NE 168 ST N MIAMI BCH FL 33160 3271 N.W. 7TH ST STE. # 214 MIAMI, FL 33125	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Zip		
24	29		
Country	Country		
25	30		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/23/1990	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3033341	
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GONZALEZ, ANA C.
3916 NE 168TH ST.
N MIAMI BCH FL 33160**

10. Name and Address of New Registered Agent

81 Name GONZALEZ, LILIANA
82 Street Address (P.O. Box Number is Not Acceptable) 3842 N.W. 171ST ST
83 Apt. # Apt. # 1
84 City NORTH MIAMI BEACH
85 Zip Code FL 33160

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 *[Signature]* **LILIANA GONZALEZ PRES.** DATE **3/14/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, ROLANDO J.		1.2 NAME	
STREET ADDRESS 3910 NE 168 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL		1.4 CITY-ST-ZIP	
TITLE PT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, ANA C.S.		2.2 NAME	
STREET ADDRESS 3916 NE 168 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI BCH FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE VP/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, LEONARDO		3.2 NAME GONZALEZ, LEONARDO	
STREET ADDRESS 3916 NE 168 STREET		3.3 STREET ADDRESS 3842 N.W. 171ST ST. APT. #1	
CITY-ST-ZIP N MIAMI BEACH FL		3.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE PRESIDENT/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, LILIANA		4.2 NAME GONZALEZ, LILIANA	
STREET ADDRESS 3916 NE 168TH STREET		4.3 STREET ADDRESS 3842 N.W. 171ST ST. APT. #1	
CITY-ST-ZIP N MIAMI BEACH FL		4.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* DATE: **3/14/98** FILE NO: **205-541-4116**

CR2E034 (10/97)