


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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M34127 1. Corporation Name A CONCEPT IN BRONZE, INC.			
Principal Place of Business 4811 E. 11 AVE HALEAH, FL 33013		Mailing Address SAME	
2. Principal Place of Business 21 1050 N.E. 172 TER. Suite, Apt. #, etc. 22 City & State 23 NO. MIAMI BEACH, FL Zip Country 24 33162 25 DADE		2a. Mailing Address 26 1050 N.E. 172 TER. Suite, Apt. #, etc. 27 City & State 28 NO. MIAMI BEACH, FL Zip Country 29 33162 30 DADE	
3. Date Incorporated or Qualified			
4. FEI Number 59-2612448		Applied For 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 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 ZIVA GROMAN 1050 N.E. 172 TER. NO. MIAMI BEACH, FL 33162		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 ZIVA GROMAN		DATE 4/16/98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT, DIRECTOR <input type="checkbox"/> DELETE NAME ZIVA GROMAN STREET ADDRESS 1050 NE 172 TER. CITY-ST-ZIP NO. MIAMI BEACH, FL 33162		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE DIRECTOR <input type="checkbox"/> DELETE NAME YECHIEL GROMAN STREET ADDRESS 1050 NE 172 TER. CITY-ST-ZIP NO. MIAMI BEACH, FL 33162		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		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.

SIGNATURE: ZIVA GROMAN ZIVA GROMAN, PRES. 4/16/98 305-652-8140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)