

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006150(4)
1. Corporation Name

The NIA Group, Inc.

Principal Place of Business	Mailing Address
16375 NE 18th Avenue Suite 201 N.Miami Bch., FL 33162	2442 Sheridan Street Suite 221 Hollywood, FL 33020

3. Date Incorporated or Qualified 12/4/96	Applied For Not Applicable
4. FEI Number 65-0712638	

2. Principal Place of Business 21 Same as Above	2a. Mailing Address 26 Same as Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country
24	28
25	30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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

Mark A. Jackson
921 NE 182nd Terrace
North 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE **5/8/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairperson <input checked="" type="checkbox"/> DELETE D	1.1 TITLE	Chairperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claudia Jackson	1.2 NAME	George Myles D
STREET ADDRESS	530 NW 152nd Street	1.3 STREET ADDRESS	4200 NW 16th St, Ste 309 D
CITY-ST-ZIP	North Miami, FL 33169	1.4 CITY-ST-ZIP	Lauderhill, FL 33313
TITLE	Vice Chair <input checked="" type="checkbox"/> DELETE D	2.1 TITLE	Vice Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel E. Jackson	2.2 NAME	Raymond A. Nazareth D
STREET ADDRESS	3711 Southmore St., Ste 133	2.3 STREET ADDRESS	3532 Florida Blvd.
CITY-ST-ZIP	Houston, TX 77004	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	Secretary <input checked="" type="checkbox"/> DELETE D	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rocky T. Freeman	3.2 NAME	Sharon Dean-Bryant D
STREET ADDRESS	631 N.E. 162nd	3.3 STREET ADDRESS	5314 NW 25th St
CITY-ST-ZIP	N. Miami, FL 33162	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33313
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Katrenia Johns D
STREET ADDRESS		4.3 STREET ADDRESS	1461 NW 88th Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33147
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/98 (305) 946-4888
Date Daytime Phone #

CR2E037 (10/97)