


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90101 047 ****61.25
09-16-1999 90011 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004529					
1. Corporation Name MINORITY GROUP DEVELOPMENT INC.					
Principal Place of Business 10822 NORTHWEST 7TH AVENUE MIAMI FL 33168			Mailing Address 10822 NORTHWEST 7TH AVENUE MIAMI FL 33168		
2. Principal Place of Business 21 10822 N.W. 7th Ave Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/06/1998	
22 City & State 23 Miami FLA		27 City & State 28		4. FEI Number EIN: 65-0919362 Applied For Not Applicable	
24 33168 25 USA		29 Zip Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33168 25 USA		29 Zip Country 30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MONESTIME, CARMELAU 334 NORTHWEST 110TH STREET MIAMI FL 33168			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MONESTIME, ELVIRE	1.2 NAME			
STREET ADDRESS	334 NORTHWEST 110TH STREET	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33168	1.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CHERY, MARGARETTE	2.2 NAME			
STREET ADDRESS	334 NORTHWEST 110TH STREET	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33168	2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JEAN-LOUIS, STANDLEY	3.2 NAME			
STREET ADDRESS	334 NORTHWEST 110TH STREET	3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33168	3.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Carmelau MONESTIME	4.2 NAME			
STREET ADDRESS	10822 N.W. 7th Avenue	4.3 STREET ADDRESS			
CITY-ST-ZIP	Miami FL 33168	4.4 CITY-ST-ZIP			
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, with all other like empowered.

SIGNATURE: *Carmelau Monestime* **Principal** *July 10, 1999*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #