

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morsham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 14 AM 8:04**

**DOCUMENT # P92000005967 (4)**

1. Corporation Name

**PORTFOLIO RESOURCES GROUP, INC.**

Principal Place of Business

Mailing Address

1101 BRICKELL AVE.  
SUITE 1401  
MIAMI FL 33131

1101 BRICKELL AVE.  
SUITE 1401  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**11/18/1992**

3a. Date of Last Report  
**03/04/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0370652**

Applied For  
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under S. 109.012,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNN B. LEWIS P.A.  
1101 BRICKELL AVE.  
SUITE 703  
MIAMI FL 33131

81. Name  
**Leonard H. Bloom**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**1101 Brickell Avenue, Suite 1401**  
83.  
84. City **Miami,** FL 85. Zip Code **33131**

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

*Leonard H. Bloom*

**Leonard H. Bloom**

**10th March 1995**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **BUENANO, ANGEL**  
STREET ADDRESS **1101 BRICKELL AVE, SUITE 1401**  
CITY-ST-ZIP **MIAMI FL 33131**

1. TITLE **D**  Change  Addition  
2. NAME **Briceno, Raul**  
3. STREET ADDRESS **1101 Brickell Avenue, Suite 1401**  
4. CITY-ST-ZIP **Miami, FL 33131**

TITLE **D**  
NAME **MARAVAR, JOSE M**  
STREET ADDRESS **1101 BRICKELL AVE, SUITE 1401**  
CITY-ST-ZIP **MIAMI FL 33131**

2. TITLE **D**  Change  Addition  
2. NAME **Figarella, Miguel Angel**  
2.3 STREET ADDRESS **1101 Brickell Avenue, Suite 1401**  
2.4 CITY-ST-ZIP **Miami, FL 33131**

TITLE **PO**  
NAME **CAMEJO, ANTONIO**  
STREET ADDRESS **1101 BRICKELL AVE, SUITE 1401**  
CITY-ST-ZIP **MIAMI FL**

3. TITLE **D**  Change  Addition  
3. NAME **Brewer, Carmen Elena Sosa de**  
3.3 STREET ADDRESS **1101 Brickell Avenue, Suite 1401**  
3.4 CITY-ST-ZIP **Miami, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE **D**  Change  Addition  
4.2 NAME **Sosa, Juan Ignacio**  
4.3 STREET ADDRESS **1101 Brickell Avenue, Suite 1401**  
4.4 CITY-ST-ZIP **Miami, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted 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 manager 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, as shown, on an attachment with an address.

SIGNATURE:

*Jose Maravar*

**Jose Maravar, Director 3/10/95 (305) 372-0299**

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

DATE SIGNATURE