

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000005967 (4)**

1. Corporation Name

PORTFOLIO RESOURCES GROUP, INC.



Principal Place of Business

**1101 BRICKELL AVE
SUITE 1401
MIAMI FL 33131**

Mailing Address

**1101 BRICKELL AVE.
SUITE 1401
MIAMI FL 33131**

3. Date Incorporated or Qualified 11/18/1992	3a. Date of Last Report 03/14/1995
4. FEI Number 65-0370652	Applied For Not Applicable
5. Certificate of Status Drawn	<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 has liability for intangible tax under s. 199.032 Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**BLOOM, LEONARD H.
1101 BRICKELL AVE.
STE 1401
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name Lynn B. Lewis, P.A.
82. Street Address (P.O. Box Number is Not Acceptable) 1101 Brickell Avenue, Suite 703
83. City Miami
84. State FL
85. Zip Code 33131

11. Pursuant to the provisions of Sections 607.004 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Lynn B. Lewis* **Lynn B. Lewis, President** DATE: **2/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
D	BRICENO, RAUL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	MARAVER, JOSE M	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	CAMEJO, ANTONIO	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	FIGARELLA, MIGUEL A.		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	BREWER, CARMEN E.		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	SOSA, JUAN I.		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or special certificate report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or its representative 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 changed, or in an attachment with an address.

SIGNATURE: *Jose Maraver* **Jose Maraver** DATE: **March 11, 1996** PHONE NUMBER: **305-372-0299**

CR2E034 (12/95)