

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

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Jan 26, 1999 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P92000005967

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
11/18/1992

4. FEI Number
65-0370652

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
LEWIS, LYNN B. P.
1390 BRICKELL AVENUE
SUITE 280
MIAMI FL 33131

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

TITLE	D
NAME	BRICENO, RAUL
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1401
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	MARAVAR, JOSE M
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1401
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	CAMEJO, ANTONIO
STREET ADDRESS	1101 BRICKELL AVE, SUITE 1401
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	FIGARELLA, MIGUEL A.
STREET ADDRESS	1101 BRICKELL AVE STE 1401
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BREWER, CARMEN E.
STREET ADDRESS	1101 BRICKELL AVE STE 1401
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	SOSA, JUAN I.
STREET ADDRESS	1101 BRICKELL AVE STE 1401
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: **Jose Maravar, Managing Director** 1-8-99 (305) 372-0299 Daytime Phone #