

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000014520 (0)

1. Corporation Name
GROUP C, INC.



Principal Place of Business 13843 SW 139 CT. MIAMI FL 33186 US	Mailing Address P.O. BOX 060085 MIAMI FL 33208-0085 US
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3. Date Incorporated or Qualified 12/21/1992	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 1669 NW 79 AVE	2a. Mailing Address 26
22 Suite Apt # etc.	27 Suite, Apt. #, etc.
23 City & State MIAMI, FL.	28 City & State
24 Zip 33126	25 Country USA
29 Zip	30 Country

4. FEI Number 65-0378556	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CARDOSO, HELCIO
13843 SW 139 COURT
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name CARDOSO, HELCIO
82 Street Address (P.O. Box Number is Not Acceptable) 1669 NW 79 AVE
83
84 City MIAMI, FL
85 Zip Code 33126

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: *[Signature]* HELCIO CARDOSO/PRESIDENT 04-22-97
DATE: 04-22-97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DPST	<input type="checkbox"/>
NAME	CARDOSO, HELCIO	
STREET ADDRESS	13843 SW 139 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/>
NAME	CARDOSO, PRISCILA C.	
STREET ADDRESS	13843 SW 139 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	CARDOSO, HELCIO		
1.3 STREET ADDRESS	1669 NW 79 AVE		
1.4 CITY-ST-ZIP	MIAMI, FL 33126		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	CARDOSO, PRISCILA		
2.3 STREET ADDRESS	1669 NW 79 AVE		
2.4 CITY-ST-ZIP	MIAMI, FL 33126		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *[Signature]* HELCIO CARDOSO/PRESIDENT 04-22-97
DATE: 04-22-97

CR2E034 (9/96)