

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # **P93000000328 (3)**

1. Corporation Name
THE MIAMI GROUP, INC.



Principal Place of Business
**9999 NORTHEAST 2ND AVENUE
SUITE 300
MIAMI SHORES FL 33138
US**

Mailing Address
**240 CRANDON BOULEVARD
SUITE 202
KEY BISCAYNE FL 33149-1556
US**

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/05/1993 | 3a. Date of Last Report 04/29/1996 |
| 4. FEI Number 65-0378638 | Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**M & W AGENTS, INC.
9100 S DADELAND BLVD
SUITE 1707
MIAMI FL 33156**

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 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

Signature of the person or persons authorized to sign this report

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 12. NAME | |
| STREET ADDRESS | | 13. STREET ADDRESS | |
| CITY - ST - ZIP | | 14. CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2. NAME | |
| STREET ADDRESS | | 2.3. STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4. CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2. NAME | |
| STREET ADDRESS | | 3.3. STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4. CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2. NAME | |
| STREET ADDRESS | | 4.3. STREET ADDRESS | |
| CITY - ST - ZIP | | 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 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 provided 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:

Alphonso D. Townsel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alphonso D. Townsel 3/11/99 751-7500

0206562

CR2E034 (9/96)