

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90101 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000038726

1. Corporation Name
THE MUIRFIELD GROUP, INC.



Principal Place of Business
6801 MIAMI GARDENS DR
MIAMI FL 33115

Mailing Address
6801 MIAMI GARDENS DR
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0511499	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'DELL, PAUL
6801 MIAMI GARDENS DR.
MIAMI FL 33015

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

Signature, typed or printed name of registered agent and title if applicable

(NOT E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TASD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIDAL, SERGIO	1.2 NAME	Vidal, Sergio, Jr.
STREET ADDRESS	2351 W. FLAGLER ST.	1.3 STREET ADDRESS	2351 W. Flagler St.
CITY-ST-ZIP	MIAMI FL 33135	1.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DELL, ANA	2.2 NAME	
STREET ADDRESS	19141 ROYAL BIRKDALE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, JOHN	3.2 NAME	
STREET ADDRESS	6801 MIAMI GARDENS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, CARLOS	4.2 NAME	
STREET ADDRESS	6801 MIAMI GARDENS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DELL, PAUL	5.2 NAME	
STREET ADDRESS	19141 ROYAL BIRKDALE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CC OF MIAMI FL 33015	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, EARL	6.2 NAME	
STREET ADDRESS	6801 NW 186 ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER FOR DIRECTOR
Paul O'Dell, President

Certified Mail RRR

Date
305 829 8456

CR2E034 (11/98)