

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

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000074240 (0)**  
1. Corporation Name

**BUNKERS MANAGEMENT GROUP, INC.**

Principal Place of Business <b>1802 NW 37th Ave.</b> <b>Miami, FL 33125</b>	Mailing Address <b>1802 NW 37th Ave.</b> <b>Miami, FL 33125</b>
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<b>3. Date Incorporated or Qualified</b> <b>10/10/94</b>	<b>3a. Date of Last Report</b> <b>6/12/96</b>
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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<b>4. FEI Number</b> <b>65-0531641</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**DELUCCA, CHARLES III**  
**15310 E. Loch Isle Drive**  
**Miami Lakes, FL 33014**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>DELUCCA, CHARLIE</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>1802 NW 37th Ave.</b>
<b>83</b>
<b>84</b> City <b>Miami</b>
<b>85</b> Zip Code <b>FL 33125</b>

**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:  **Charlie DeLuca** **4-7-97**  
 (NOTE: Registered Agent's signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

<b>1.1 TITLE</b> <b>D</b>	<input type="checkbox"/> DELETE
<b>1.2 NAME</b> <b>DELUCCA, CHARLIE</b>	
<b>1.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>1.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	
<b>2.1 TITLE</b> <b>D</b>	<input type="checkbox"/> DELETE
<b>2.2 NAME</b> <b>DELUCCA, CHARLIE</b>	
<b>2.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>2.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	
<b>3.1 TITLE</b> <b>D</b>	<input type="checkbox"/> DELETE
<b>3.2 NAME</b> <b>DELUCCA, CHARLIE</b>	
<b>3.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>3.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	
<b>4.1 TITLE</b> <b>D</b>	<input type="checkbox"/> DELETE
<b>4.2 NAME</b> <b>DELUCCA, CHARLIE</b>	
<b>4.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>4.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	
<b>5.1 TITLE</b> <b>D</b>	<input type="checkbox"/> DELETE
<b>5.2 NAME</b> <b>DELUCCA, CHARLIE</b>	
<b>5.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>5.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	
<b>6.1 TITLE</b> <b>D</b>	<input type="checkbox"/> DELETE
<b>6.2 NAME</b> <b>DELUCCA, CHARLIE</b>	
<b>6.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>6.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b> <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2 NAME</b> <b>DELUCCA, CHARLES III</b>	
<b>1.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>1.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	
<b>2.1 TITLE</b> <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b> <b>DELUCCA, CHARLIE</b>	
<b>2.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>2.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	
<b>3.1 TITLE</b> <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b> <b>DELUCCA, CHARLIE</b>	
<b>3.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>3.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	
<b>4.1 TITLE</b> <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b> <b>DELUCCA, CHARLIE</b>	
<b>4.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>4.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	
<b>5.1 TITLE</b> <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b> <b>DELUCCA, CHARLIE</b>	
<b>5.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>5.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	
<b>6.1 TITLE</b> <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b> <b>DELUCCA, CHARLIE</b>	
<b>6.3 STREET ADDRESS</b> <b>1802 NW 37th Ave.</b>	
<b>6.4 CITY-ST-ZIP</b> <b>Miami, FL 33125</b>	

**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 amendment with an address.**

SIGNATURE:  **CHARLES DELUCCA** **3-15-97** **(305) 633-4583**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)