

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

FILED  
Feb 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000086384 (2)**

1. Corporation Name  
**T.M.B. GROUP, INC.**



Principal Place of Business <b>8110 S.W. 73RD AVE., #3 MIAMI FL 33143</b>	Mailing Address <b>8110 S.W. 73RD AVE., #3 MIAMI FL 33143-7543</b>
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3. Date Incorporated or Qualified **11/28/1994**      3a. Date of Last Report **07/12/1996**

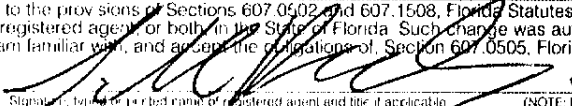
2. Principal Place of Business 21 <b>701 BRICKELL KEY BLVD</b> Suite, Apt. #, etc. 22 <b>APT # 701</b> City & State 23 <b>MIAMI FLA</b> Zip 24 <b>33131</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>701 BRICKELL KEY BLVD</b> Suite, Apt. #, etc. 27 <b>APT # 701</b> City & State 28 <b>MIAMI FLA</b> Zip 29 <b>33131</b> Country 30 <b>USA</b>
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4. FEI Number <b>65-0551481</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>BANKS, TIMOTHY M 8110 S.W. 73RD AVE., #3 MIAMI FL 33143</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>BANKS, TIMOTHY M</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>701 BRICKELL KEY BLVD</b>	
83 <b>APT # 70</b>	
84 City <b>MIAMI</b>	85 Zip Code <b>FL 33131</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:       19 FEB 1997.      DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE <b>PSTD BANKS, TIMOTHY M 8110 S.W. 73RD AVE., #3 MIAMI FL 33143</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PSTD BANKS, TIMOTHY M 701 BRICKELL KEY BLVD, APT #701 MIAMI FL 33131</b>
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 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:       19 FEB 1997.      305 377 3027      DATE      Daytime Phone #

CR2E034 (9/96)