

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000006946

1. Corporation Name

THE MUNNE GROUP, INC.

Principal Place of Business	Mailing Address
12177 SW 131st Avenue Miami, Florida 33186	12177 SW 131st Avenue Miami, Florida 33186

2. Principal Place of Business		2a. Mailing Address	
21	26		
Suite, Apt #, etc.	Suite, Apt #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Zip	Country	Country
24	29	30	

9. Name and Address of Current Registered Agent

**Parlade, Alberto J.
3850 SW 87th Avenue
Suite 207
Miami, Florida 33165**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	11 TITLE	
NAME	Munne, Raul O.	12 NAME	
STREET ADDRESS	12177 SW 131st Avenue	13 STREET ADDRESS	900002867939-8
CITY-ST-ZIP	Miami, Florida 33186	14 CITY-ST-ZIP	-05/07/99-01123-006
		21 TITLE	****158.75
		22 NAME	****158.75
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 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 OR DIRECTOR

FILED

99 APR 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/26/1995

4. FEI Number
65-0596120

5. Certificate of Status Desired Applied For
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

CR2E034 (11/98)