. IG., CL G. AL JN WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. **APPROVED** AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 APR 28 AN 8: 57 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA **DOCUMENT #** P95000019363 (7) FLORIDA ADVERTISING GROUP, INC. Principal Place of Business Mailing Address BOL S.W. MADRID ST., SUITE 100 801 S.W. MADRID ST., SUITE 103 CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1995 2. Principal Place of Business 2a. Mailing Address Applied For 65-0567828 5357 10001 10001 SW 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired B D Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Meane FZA . Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032. 33165 Dade 33/6 D~ de Yes X No 30 Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAMPA, JOSE R SR. 82 2150 S.W. 16TH AVENUE SUITE 201 --01120--003 83 **MIAMI FL 33145** ****915.00 ****915.00 City 84 85 Zip Code 1. 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 beth 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. R.CAMPA Jose SIGNATURE Signature, typed or printed OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition Mauricio TITLE 1.1 TITLE Abunto ABANTO, MAURICIO 1.2 NAME 10001 SW 53 ST 801 S.W. MADRID ST., SUITE 103 1.3 STREET ADDRESS STREET ADDRESS FLA- 33/64 CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CITY-ST-Z# DELETE Change Addition 21 TITLE TITLE VTD Sander Edith M SANDER, EDITH M 22 NAME NAME 10001 SW 5087 801 S.W. MADRID ST., SUITE 103 2.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 2.4 CITY-ST-ZIP City - St - ZiP DELETE Change Addition 3.1 TITLE THLE CAMPA, JOSE R 3.2 NAME NAME 2150 S.W. 16TH ST., SUITE 201 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 41 TITLE TIFLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Diffy-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS eduntanty furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if por the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and in attachment with an address. 14. I do hereby certify that the information supplied with this further certify that the information indicated made under oath; that I am an office or dire that my name appears in Block 12 of SIGNATURE: SIGNATURE AND TYPED OR P