

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 # P95000048404

1. Corporation Name
GROUP NEXUS, INC.

Principal Place of Business

520 NW 26th ST
MIAMI FL 33127
US

Mailing Address

520 NW 26 ST
MIAMI FL 33127
US

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LORBER, ALAN R
1140 KANE CONCOURSE
SUITE 400
BAY HARBOR ISLANDS FL 33154-2055

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

ENTER BLOCK 12 IF APPLICABLE (SEE INSTRUCTIONS)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-STATE-ZIP

13.

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

STD

X Change [] Addition

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-05/11/99--01066--009

****150.00 ****150.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCELO KOCHEN, Pres. 4/28/99 (305) 576-9866

APPROVED
AND
FILED

99 MAY 10 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1995

4. FEI Number

65-0590738

Applied For
Not Applicable

5. Certificate of Status Desired []

\$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

0182008

CR2E034 (11/98)