

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **P95000051551 (6)**

1. Corporation Name  
**FENIX GROUP, INC.**



Principal Place of Business: **560 N.W. 165TH STREET ROAD, SUITE 300 MIAMI FL 33169**  
Mailing Address: **560 N.W. 165TH STREET ROAD, SUITE 300 MIAMI FL 33169**

2. Principal Place of Business: **21 560 N.W. 165th Street Road**  
Suite, Apt. #, etc.: **22 Suite 300**  
City & State: **23 Miami, Florida**  
Zip: **24 33169**

2a. Mailing Address: **26 P.O. Box 693760**  
Suite, Apt. #, etc.:  
City & State: **27 Miami, Florida**  
Zip: **29 33269-0760**

3. Date Incorporated or Qualified: **07/03/1995**  
3a. Date of Last Report:  
4. FEI Number:  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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**FRAYND, PAUL**  
**560 N.W. 165TH STREET ROAD, SUITE 300**  
**MIAMI FL 33169**

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

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 file number.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE <b>DST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRAYND, PAUL</b>	1.2 NAME
STREET ADDRESS	<b>560 N.W. 165TH STREET ROAD, SUITE 300</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>DC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>Fraynd, Marcos</b>
STREET ADDRESS		2.3 STREET ADDRESS <b>560 N.W. 165th Street Road</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>N.Miami, Florida 33169</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Fraynd, Saul</b>
STREET ADDRESS		3.3 STREET ADDRESS <b>560 N.W. 165th Street Road</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>N.Miami, Florida 33169</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Fraynd, Fanny</b>
STREET ADDRESS		4.3 STREET ADDRESS <b>560 N.W. 165th Street Road</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>N. Miami, Florida 33169</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Fraynd, Gladys</b>
STREET ADDRESS		5.3 STREET ADDRESS <b>560 N.W. 165th Street Road</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>N.Miami, Florida 33169</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>300001839853</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <b>-05/25/96--01001--038</b>
STREET ADDRESS		6.3 STREET ADDRESS <b>***200.00</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/96

(305) 945-9200

Date Daytime Phone #

CR2E034 (12/95)