

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90256 047 \*\*\*150.00

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1. Corporation Name  
ON-LINE GROUP, INC.

Principal Place of Business  
750 NORTHWEST 43 AVENUE, #203  
MIAMI FL 33126

Mailing Address  
750 NORTHWEST 43 AVENUE, #203  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1995

4. FEI Number  
65-0604855

☒ 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

2. Principal Place of Business  
21 8490 N.W. 185th Street

2a. Mailing Address  
26 8490 N.W. 185th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 MIAMI, FL.

City & State  
28 MIAMI, FL.

Zip 33015 Country  
24 33015 25 USA

Zip 33015 Country  
29 33015 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIEVES, MICHAEL A JR  
6536 NW 170TH LANE  
MIAMI FL 33015

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME FERRER, FRANK  
STREET ADDRESS 750 NORTHWEST 43 AVENUE, #203  
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE PTD  
1.2 NAME FERRER, FRANK  
1.3 STREET ADDRESS 8490 N.W. 185th Street  
1.4 CITY-ST-ZIP MIAMI, FL 33015

TITLE VSD  
NAME FERRER, OFELIA M  
STREET ADDRESS 750 NORTHWEST 43 AVENUE, #203  
CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE VSD  
2.2 NAME FERRER, OFELIA M  
2.3 STREET ADDRESS 8490 N.W. 185th Street  
2.4 CITY-ST-ZIP MIAMI FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

FRANK FERRER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 362-6061

CR2E034 (11/98)