

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000079824 (5)

1. Corporation Name  
C.B.R. GROUP, INC.

Principal Place of Business

13237 SW 10TH LANE  
MIAMI FL 33184

Mailing Address

13237 SW 10TH LANE  
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1995	3a. Date of Last Report 08/12/1996
4. FEI Number 65-0727992 APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 555 NE 15TH ST Suite, Apt. #, etc.	26. 3675 N. Country Club Dr.
22. SUITE 100	27. PH-10
City & State 23. MIAMI FL	City & State 28. Aventura FL
Zip 24. 33122	Country 25. USA
Country 29. 33180	Country 30. USA

9. Name and Address of Current Registered Agent

BALLESTEROS, CHRISTIAN  
13237 S.W. 10 W.  
MIAMI FL 33184

81. Name CHRISTIAN BALLESTEROS
82. Street Address (P.O. Box Number is Not Acceptable) 3675 N. Country Club Dr
83. PH-10
84. City Aventura
85. Zip Code FL 33180

10. Name and Address of New Registered Agent

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 CHRISTIAN BALLESTEROS

Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent's signature required when reinstating)

9/14/97  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLESTEROS, CHRISTIAN	1.2 NAME	
STREET ADDRESS	13237 SW 10TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE REQUIRED  
9/14/97 (305) 377-1134

FILED  
97 OCT 14 PM 6:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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