

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 13 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P95000081974 (4)

1. Corporation Name  
MODULAR GROUP, INC.

Principal Place of Business  
1400 E OAKLAND BLVD  
SUITE 207  
FT LAUDERDALE FL 33334  
US

Mailing Address  
1400 E OAKLAND BLVD  
SUITE 207  
FT LAUDERDALE FL 33334  
US

DO NOT WRITE IN THIS SPACE

|                                |                         |                                                                                                                                                                            |                                |                                                        |
|--------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br>10/25/1995                                                                                                                            | 4. FEI Number<br>65-0658532    | Applied For<br><input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                  | \$8.75 Additional Fee Required |                                                        |
| 22. City & State               | 27. City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                         | \$5.00 May Be Added to Fees    |                                                        |
| 23. Zip                        | 28. Zip                 | 7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |                                                        |
| 24. Country                    | 29. Country             |                                                                                                                                                                            |                                |                                                        |

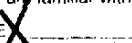
8. Name and Address of Current Registered Agent

LAVERDE, FELIPE A  
250 BASIN DRIVE #N  
LAUDERDALE BY THE SEA FL 33308

10. Name and Address of New Registered Agent

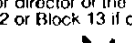
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
3420 SW 2nd Ct  
83.  
84. Deerfield Beach FL 85. 33442

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:  (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                                                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | PCD<br>LAVERDE, FELIPE A<br>250 BASIN DRIVE #N<br>LAUDERDALE BY THE SEA FL     | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                                | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                                                                | 1.3 STREET ADDRESS                                    | 3420 SW 2nd Ct                                                               |
| CITY-ST-ZIP                |                                                                                | 1.4 CITY-ST-ZIP                                       | Deerfield Beach, FL 33442                                                    |
| TITLE                      | VTD<br>LAVERDE, BERNARDO R JR<br>6372 LA COSTA DR, #302<br>BOCA RATON FL 33433 | 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                      | VTSD<br>LAVERDE, BERNARDO R JR<br>6372 LACOSTA DR #302<br>BOCA RATON FL        | 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                      |                                                                                | 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                      |                                                                                | 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                      |                                                                                | 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 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:  3/6/98 9546309494

CF2E034 (10/97)