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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 10 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085995 (5)

THE ARIEL GROUP, INC.

CITY-ST-ZIP

Principal Place	of Purinage	Mailton Address					
Principal Place of Business 4770 BISCAYNE BLVD. SUITE BOO MIAMI FL 33137		Mailing Address 4770 BISCAYNE BLVD. SUITE 900 MIAMI FL 33137-3244					
					 Date Incorporated or Qualified 11/07/1995 	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 65-0623646	Applied For Not Applicable	le
Suite, Apt. #, etc.		Suile, Apt. #, ctc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	7	
Zip 24	Country 25	Zip	Count	у	8. This corporation has liability for	or intangible tax under s. 199.032,	
	g. Name and Address of Current		1001		10. Name and Address of New I		\dashv
7EU	EL & KAUFMAN, P.A.		8	Name			
	NORTHEAST 191 STREET		ļ	0	(B.O. D. Mbi- M. A.		
	E 304		B	Street Add	dress (P.O. Box Number is Not Accept	able)	
	NTURA FL 33180		8:	3			T
			8	4 City		85 Zip Code	\dashv
			*	City		FL 85 Zip Code	ı
11. Pursuant I	to the provisions of Sections 607.0502	and 607.1508, Florida Stalute	os, the abo	ve-named co	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of changing its registered	Ė
agent. I a	m familiar with, and accept the obligat	ons of, Section 607.0505, Flo	orida Statut	os.	ation's board of directors. Thereby acc	sept the appointment as registered	- (
SIGNATURE							.
	Signature, typed or printed name of registered agent			gent signature req	uired when reinstating)	DATE SIDEOTORS IN 18	4
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12 Change Addition	
NAME	ATIBLE! DUADA		4	\ \ \		C. Change C Abdition	" }
	6291 SW 63 AVENUE		1.2 NAM				- 1
STREET ADDRESS	S. MIAMI FL 33143		1	ET ADDRESS			
CITY-ST-ZIP TITLE			1.4 CITY - 2.1 TOLE			Change Addition	, I
NAME	ALABOR LAPIANT I		2.2 NAME	1			"
STREET ADDRESS	4770 BISCAYNE BLVD., #900			ET ADDRESS	•		- {
CITY-ST-ZIP	MIAMI FL 33137		2 4 CHY	!			
TITLE			3.1 TITLE			Change Addition	'n
NAME	ZEMEL, FRANKLIN	_	3.2 NAME			·	
STREET ADDRESS	2875 NE 191 STREET, #304		3.3 \$18E	T ADDRESS			İ
CITY-ST-ZIP	AVENTURA FL 33180		3.4. CITY	- S1- 7/P			1
TITLE		DELLLE	4.1 TITLE			Change Addition	n
NAME			4. 2 NAM	E			1
STREET ADDRESS			4.3 STRE	T ADDRESS			
CITY-ST-ZIP	4.4		4.4 CHY	\$1-7IP	1		- }
TITLE		DELETE.	5 1 THLE			Change Addition	n
NAME			5.2 NAME	:			
STREET ADDRESS			5.3 STRF	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY	\$1 - ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	n
NAME			6.2 NAM				
STREET ADDRESS			6.3 S1RE	ET ADDRESS			

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 of 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 charged for or an attackment with an address