

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

DOCUMENT # P95000091218 (4)

1. Corporation Name

ERCIG GROUP, INC.

Principal Place of Business

7780 S.W. 117TH AVE., SUITE 100
MIAMI FL 33183

Mailing Address

7780 S.W. 117TH AVE., SUITE 100
MIAMI FL 33183



3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6779 W. Flagler St.

26 6779 W. Flagler St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FL

28 MIAMI FL

24 Zip

Country

29 Zip

Country

33144

DADE

33144

DADE

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOIKO, BRUCE M ESO
7780 S.W. 117TH AVE., SUITE 100
MIAMI FL 33183

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 the corporation)

(Not for Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

10391 S.W. 56TH TERRACE

MIAMI FL 33183

1.2 TITLE

NAME

7780 S.W. 117TH AVE., SUITE 100

MIAMI FL 33183

1.3 TITLE

NAME

1.4 TITLE

NAME

1.5 TITLE

NAME

1.6 TITLE

NAME

1.7 TITLE

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1.8 TITLE

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1.9 TITLE

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1.10 TITLE

NAME

1.11 TITLE

NAME

1.12 TITLE

NAME

1.13 TITLE

NAME

1.14 TITLE

NAME

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY - ST - ZIP

9.1 TITLE

9.2 NAME

SECRETARIO
Iglesias, Ercides

10391 S.W. 56TH TERRACE
MIAMI FL 33183

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

Date

Daytime Phone #

CR2E034 (12/95)