FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION	OF CORPORATIONS		
DOCUN 1. Corporation	MENT # P9500	0092016 (1)		
	BROUP INTERNATIONAL, II	NC.			
Principal Place of Business		Mailing Address			#### #################################
118 SOUTH WESTSHORE BOULEVARD, UNIT 218		-	HORE BOULEVARD, UNIT 218		
TAMPA FL 33		TAMPA FL 33609			
				3. Date Incorporated or Qualified 12/04/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0625587	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for i Florida Statutes Yes	
	9. Name and Address of Curre			10. Name and Address of New R	
			81 Name	man	
THE LAW	/ FIRM OF LAWRENCE J SPIEC	BEL CHRTD	82 Street Add	IN THE STATE OF TH	le)
343 ALMERIA AVENUE			118		BUD #218
CORAL O	SABLES FL 33134		83		
			84 City		85 Zip Code
				mpa	FL <i>33609</i>
11. Pursuant for register	to the provisions of Sections 607-650 ed agent, or both, in the Statute Flo	Mand 607,1509, Florida St rida, Such change was auth	atutes, the above-named corpo orized by the corporation's boa	oration submits this statement for the pur and of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. I am
familiar wi	th, and accept the colling to is of sec	ction €07.05 Horida Stat			5-1-96
SIGNATURE	Smarty, typed or printed name of registered eye	ort and told if applicable	INOTE: Registered Agent a gheture requir	ed when rensating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PSTD	DELFTE	1. 1 TITLE		Change Addition
NAME	MILES, ROBERT		1.2 NAME		
STREET ADDRESS	118 SOUTH WESTSHORE BO	OULEVARD, UNIT 218	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY - \$1 - 2IP		
TITLE		DELETE	2. 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADORESS		
CITY-ST-ZIP		ED BELETE	2.4 CITY - ST - ZiP		Change El Middles
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREE1 ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		[] DELETE	3.4 CITY - ST - ZIP 4.1 Title		☐ Change ☐ Addition
	1	£] beccir	4.2 NAME		D change D manner
NAME STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZiP		
CITY-ST-ZIP TITLE		DELETE	5 1 TITLE		Change Addition
NAME		<u>.</u>	5.2 NAME		_ · · _
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP	1		5.4 GHY-ST-ZIP		

6 1 TITLE

62 NAME

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 ecceptarion or trustee explowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if chapter on an attraction with an address.

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

DITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone #

Change

☐ Addition