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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 16 1998 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600001366 (9)

CONCOURSE GROUP, INC.

Principal Place of Business Mailing Address								
		· ·						
7800 N.W. 25TH STREET SUITE 297 203		7500 N.W. 25TH STREET SUITE 207 とっこ					†	
MIAMI FL 3		Ň	IIAMI FL 33122				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 01/05/1996	11.
9 Principal P	Place of Business	20 1	Mailing Address					ed For
21	lade of Basiness	26	vialining / iddicad					pplicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				¢0 75	<u> </u>
22	, 4	27	, , , , , , , , , , , , , , , , , , , ,				5. Certificate of Status Desired Fee Requi	
City & Stat	е		City & State				Election Campaign Financing \$5.00 Ma	av Ra
23		28					Trust Fund Contribution Added to F	
Zip	Country	Z	Zip	Cou	intry		8. This corporation owes or has paid the current year Intang	gible
24	25	29		30			Personal Property Tax due June 30. 🔲 Yes 🔲 N	10
	9. Name and Address of Current	Registe	red Agent		1		10. Name and Address of New Registered Agent	
	DE LA CRUZ, LUIS F				81	Name		
	41 SEVILLA AVENUE			1	82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	LUITE 805 CORAL GABLES FL 33134				83			
•					84	City	85 Zip Coc	ie
					1	•	FL	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607	'.1508, Florida Statu	tes, the al	bove	-named corp	rporation submits this statement for the purpose of changing its reation's board of directors. I hereby accept the appointment as reg	egistered
agent. I a	m familiar with, and accept the obliga	tions of, S	Section 607.0505, FI	orida Stat	utes		ation a board of directors. Thereby accept the appointment as reg	Jistoreu
SIGNATURE								
	Signature, typed or printed name of registered agen				d Ager	nt signature requi	uired when reinstating) DATE	
12.	OFFICERS AND	DIRLCT	DELETE	13.	TIE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	Addition
NAME	CERON, MARIA M		E) petere	1.2 N/			L onarigo L	
STREET ADDRESS	7500 N.W. 25TH ST. SUITE :	207				ADDRESS		
CITY-ST-ZIP	MIAMI FL 33122	LUT			NEEL A TY-ST	1		İ
TITLE	WINNELL F GO INT		DELETE	2.1 10		- Lir	☐ Change ☐	Addition
NAME				2.2 NA				
STREET ADDRESS				- 1	-	ADDRESS		
CITY-ST-ZIP				2.40				
TITLE			DELETE	3.1 7/1		·	Change C	Addition
NAME				3.2 NA				•
STREET ADDRESS				3.3 ST	REET	ADDRESS		
CITY-ST-ZIP				3.4. C	IIY-S	T - ZIP		
TITLE			DELETE	4.1 ()	TLE		Change _	Addition
NAME				4. 2 N	AME			
STREET ADDRESS				4.3 ST	REET	ADDRESS		i
CITY-ST-ZIP				4.4 CF	TY-ST	- ZIP		
TITLE			DELETE	5.1 TI	LE		Change	Addition
NAME (5.2 NA	ME			ļ
STREET ADDRESS				5.3 ST	reet /	ADDRESS		
CITY-ST-ZIP				5.4 CF		- ZIP		_ i
TITLE			. DELETE	6.1 TIT	LE	-	Change	Addition
NAME								
STREET ADDRESS				6.2 NA		ADDRESS		į

14. Thereby certify that the information supplied with this filing does not quality 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 focular or justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in