

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000003841 (9)

1. Corporation Name
CUMBERLAND MANAGEMENT GROUP, INC.

Principal Place of Business
106 LAKE EMERALD DRIVE, SUITE 112
FORT LAUDERDALE FL 33309

Mailing Address
106 LAKE EMERALD DRIVE, SUITE 112
FORT LAUDERDALE FL 33309-6209

3. Date Incorporated or Qualified
01/11/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 106 LAKE EMERALD DR.

26 106 LAKE EMERALD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 112

27 Suite #112

City & State

City & State

23 Ft. Lauderdale, FL.

28 Ft. Lauderdale, FL.

Zip

Country

Zip

Country

24 33309

25 Broward

29 33309

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

11 Name CESAR LANCIS

12 Street Address (P.O. Box Number is Not Acceptable)

1627 NW 1st Suite #4

13

14 City Miami

FL

15 Zip Code

33125

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 *Cesar Lancis*

(NOTE: Registered agent signature required when reinstating)

DATE 4/27/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME LANCIS, CESAR F
STREET ADDRESS 106 LAKE EMERALD DRIVE, SUITE 112
CITY-ST-ZIP FORT LAUDERDALE FL 33309

1.1 N
1.2 N
1.3 ST ADDRESS
1.4 C-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 N
2.2 N
2.3 ST ADDRESS
2.4 C-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1
3.2 E
3.3 ET ADDRESS
3.4 -ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1
4.2
4.3 T ADDRESS
4.4 ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1
5.2
5.3 T ADDRESS
5.4 ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1
6.2
6.3 ET ADDRESS
6.4 -ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for 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 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 file 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 DIR

4/27/97 (954) 484-7414

0206066

CR2E034 (9/96)