
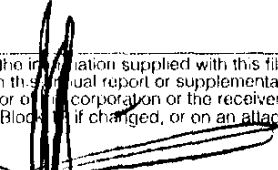


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 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 # P96000016438 (9)			
1. Corporation Name OBLENS GROUP, INC.			
Principal Place of Business 2262 N.W. 94TH AVENUE MIAMI FL 33172		Mailing Address 2262 N.W. 94TH AVENUE MIAMI FL 33172-2333	
2. Principal Place of Business 21 2350 N.W. 96th Avenue Suite, Apt. #, etc. 22 City & State Miami, FL. 23 Zip 33172 24 Country U.S.A.		2a. Mailing Address 25 2350 N.W. 96th Avenue Suite, Apt. #, etc. 26 City & State Miami, FL. 27 Zip 33172 28 Country U.S.A.	
3. Date Incorporated or Qualified 02/22/1996		3a. Date of Last Report	
4. FEI Number 589-18-3706		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ZURIARRAIN, NORMA 2262 N.W. 94TH AVENUE MIAMI FL 33172		10. Name and Address of New Registered Agent 81 Name ZURIARRAIN, Norma 82 Street Address (P.O. Box Number is Not Acceptable) 2350 N.W. 96th Avenue 83 84 City Miami 85 Zip Code 33172	
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: Norma Zuriarrain (Norma Zuriarrain) 03/18/97 (NOTE: Registered Agent signature required when registering)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME ZURIARRAIN, MOISES STREET ADDRESS 2262 N.W. 94TH AVENUE CITY-ST-ZIP MIAMI FL 33172	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME GUILLIOLI, RODOLFO STREET ADDRESS 2262 N.W. 94TH AVENUE CITY-ST-ZIP MIAMI FL 33172	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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		(Moises Zuriarrain) 03/18/97 305-717-9975	

CR2E034 (9/96)