

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000020268 (4)

1. Corporation Name
THE LYNX FINANCIAL SERVICES GROUP, INC.

Principal Place of Business
13960 N.W. 60TH AVENUE
MIAMI LAKES FL 33014

Mailing Address
13960 N.W. 60TH AVENUE
MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report N/A
4. FEI Number 65-0650763	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 831117
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 Miami, FL
24 Country	29 33283
25	30

9. Name and Address of Current Registered Agent
GONZALEZ, FRANCISCO J
110 MERRICK WAY
SUITE 3-B
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name J. PATRICK FITZGERALD
82 Street Address (P.O. Box Number is Not Acceptable) 110 Merrick Way, Suite 3B
83
84 City Coral Gables FL
85 Zip Code 33134

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, 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 of officer or director of corporation or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLA, ABEL J JR	1.2 NAME	
STREET ADDRESS	6523 S.W. 133RD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLA, LOURDES	2.2 NAME	
STREET ADDRESS	6523 S.W. 133RD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

APPROVED
AND
FILED

1997 JUL 24 AM 9:53

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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The Lynx Financial Services Group, Inc.
13960 N.W. 60th Avenue
Miami Lakes, FL 33014
Telephone: (305) 382-9944
Telefax: (305) 382-0015

July 23, 1997

VIA FEDERAL EXPRESS

Florida Department of State
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 1997 Annual Report

Dear Sir or Madam:

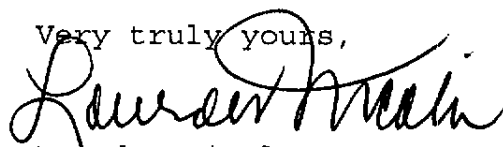
Enclosed is the completed 1997 annual report for my corporation, accompanied by check #1125 for \$165.00, in payment of the annual report and supplemental filing fee.

It is my understanding that these packets are generated by the Secretary of State in January of each year and must be filed on or before May 1st in order to avoid the assessment of a delinquent fee. I became aware of this requirement when I received the "Second Notice". I never received the initial notice. As you will note in your records, this corporation was formed in March of 1997, and this is a requirement of which I just became aware.

Please rest assured that I will file future reports in a timely manner. Accordingly, I respectfully request a waiver from paying the \$385.00 late fee.

Thank you for your understanding.

Very truly yours,



Lourdes Nicola
Vice President

/ln
Enclosure