

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

FILED

May 05 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000020785 (7)

1. Corporation Name  
THE BUSINESS SUCCESS GROUP, INC.

Principal Place of Business

Mailing Address

124 S.W. 24 ROAD 2150 CORAL WAY  
MIAMI FL 33120  
33145124 S.W. 24 ROAD 2150 CORAL WAY  
MIAMI FL 33120-2024  
33145

2. Principal Place of Business

2a. Mailing Address

21 2150 CORAL WAY

26 2150 CORAL WAY

22 Suite, Apt. #, etc.  
SUITE 7-B

27 Suite 7-B

23 City & State  
MIAMI, FL.28 City & State  
MIAMI, FL.24 Zip  
3314529 Zip  
3314525 Country  
USA30 Country  
U.S.A.

9. Name and Address of Current Registered Agent

FLAVELL, ROBERT  
2701 PONCE DE LEON BLVD.  
SUITE 302  
CORAL GABLES FL

3. Date Incorporated or Qualified

3a. Date of Last Report

03/06/1996

4. FEI Number

65-0646166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes ☐ No

10. Name and Address of New Registered Agent

B1 Name  
OLGA M. AGUIRRE  
B2 Street Address (P.O. Box Number is Not Acceptable)  
2150 CORAL WAY  
B3 Suite 7-B  
B4 City  
MIAMI FL  
B5 Zip Code  
33145

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 OLGA M. AGUIRRE

Signature of Registered Agent and Title if applicable

(NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D CHAMMAS, ANDRE N	124 S.W. 24TH RD.	MIAMI FL	<input type="checkbox"/>
	Dg AGUIRRE, OLGA	498 S.W. 29TH RD.	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/96)