


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

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|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**FILED**  
 97 AUG 11 AM 10:51  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # P96000020939**  
 1. Corporation Name  
**MODELS MANAGEMENT GROUP, INC.**

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

|                                |                 |                     |                         |   |                                |
|--------------------------------|-----------------|---------------------|-------------------------|---|--------------------------------|
| 2. Principal Place of Business |                 | 2a. Mailing Address |                         | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21                             | 539 Euclid      | 26                  | C/O Karin Models        | March 6, 1996   |                                |
| 22                             | Suite B         | 27                  | 524 Broadway, Suite 404 | 4. FEI Number   | Applied For / Not Applicable   |
| 23                             | Miami Beach, FL | 28                  | New York, N.Y.          | 65-0652775  |                                |
| 24                             | 33139           | 29                  | 10012                   | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 25                             | U.S.            | 30                  | U.S.                    | 6. Election Campaign Financing Trust Fund Contribution                                  | \$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                       |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| Corporation Service Company<br>1201 Hays St.<br>Tallahassee, FL 32301 |  |  |  | 81   | Name   |    |    |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | 83   |  |    |    |
|   |  |  |  | 84   | City   | FL | 85 |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |  |                                   |
|----------------------------|--------------------------|--|--|---|-------------------------|--|-----------------------------------|
| TITLE                      | D                        | <input checked="" type="checkbox"/> DELETE |  | 1.1 TITLE   | D/P/S/T                 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | Pingaud, Laurent         |  |  | 1.2 NAME  | Brunel, Arnaud          |  |                                   |
| STREET ADDRESS             | 1500 Bay Road, Apt. 1422 |  |  | 1.3 STREET ADDRESS                                    | 524 Broadway, Suite 404 |  |                                   |
| CITY-ST-ZIP                | Miami Beach, FL 33139    |  |  | 1.4 CITY-ST-ZIP                                       | New York, N.Y. 10012    |  |                                   |
| TITLE                      |                          | <input type="checkbox"/> DELETE            |  | 2.1 TITLE   |                         | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       |                          |  |  | 2.2 NAME  |                         |  |                                   |
| STREET ADDRESS             |                          |  |  | 2.3 STREET ADDRESS                                    |                         |  |                                   |
| CITY-ST-ZIP                |                          |  |  | 2.4 CITY-ST-ZIP                                       |                         |  |                                   |
| TITLE                      |                          | <input type="checkbox"/> DELETE            |  | 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                      |                          | <input type="checkbox"/> DELETE            |  | 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                      |                          | <input type="checkbox"/> DELETE            |  | 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                      |                          | <input type="checkbox"/> DELETE            |  | 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                                       |                         |  |                                   |

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 -08/14/97--01033--022  
 \*\*\*\*\*165.00 \*\*\*\*\*165.00

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: *Brunel*

CR2E034 (9/96)

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**MODELS MANAGEMENT GROUP, INC.**

**539 EUCLID AVENUE SUITE B  
MIAMI BEACH FL 33139  
Tel:(305)672-8300 Fax:(305)-531-8330**

August 07,1997

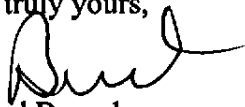
Division of Corporation  
P.O. Box 6327  
Tallahasee, FL 32314  
Attn: Annual Reports

To whom it may concern,

Enclosed please find MODELS MANAGEMENT GROUP, INC's. 1997 Profit Corporation Annual Report . I would like to inform you that due to the failure of my lawyers to send you an updated record of my business and mailing address, we were not able to receive the annual reports as they were mailed to the old mailing address. Since we cannot retrieve the annual reports from the old address, I requested your office to send me a blank form which was received just very recently. I would therefore ask your office that the penalty fee for late filing be waived due to the mailing discrepancies. I am enclosing a check for \$165.00 as my filing fee for 1997. I am also enclosing a letter for the change of address I sent to your Amendment Section.

I would appreciate it very, very much if you find this payment deemed acceptable.

Very truly yours,



Arnaud Brunel  
President