


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

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000020939</b> 1. Corporation Name <b>MODELS MANAGEMENT GROUP, INC.</b>	

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

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	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 Suite B	27 524 Broadway, Suite 404	65-0652775	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Miami Beach, FL	28 New York, N.Y.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 33139	29 10012	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
25 U.S.	30 U.S.		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Corporation Service Company 1201 Hays St. Tallahassee, FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

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	1.1 TITLE	D/P/S/T
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	

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: \_\_\_\_\_

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

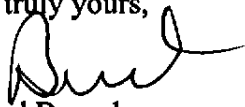
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Annual Reports

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