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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000032478

STERLING FINANCIAL GROUP, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90173 019 ***150.00

|--|--|--|

Principal Place	of Business	Mailing Address	·····				10101 1011 1001	
		11410 N. KENDALL DR				*** T *	٠.	
SUITE 209								
MIAMI FL 33176 MIAMI FL 33176				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 04/10/1996			
2 Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21	·	26 P.D. Box 16	196	4	65-0669196	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<i></i>		5. Certificate of Status Desired	\$8.75		
22	·	27			5. Certifcate of Status Desired	Fee Re		
City & State	•	City & State 28 Mirami Fi	3130	5 :	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zip	Count		8. This corporation owes the current ye			
24	25		10 C	ISA	Personal Property Tax.	Yes	DINO	
	9. Name and Address of Curre		1		10. Name and Address of New Regist	tered Agent		
			8	1 Name		#2 C *		
LOUG	GHLIN, ROBERT J			5 5	(D.O. Boy Niyahar is Not Assentable)			
11410 N. KENDALL DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)					
	E 209 N FL 33176		8	3		\$,		
14117-714	1112 00170		8	4 City		FL 85 Zip 0	Code	
11 Purcuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	s the abo		poration submits this statement for the purpo	ose of changing its	registered	
Affina ar re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida Such chande was all	morized n	v ine corooran	ion's board of directors. I hereby accept the	appointment as re	gistered	
SIGNATURE					- 50	ATE		
	Signature, typed or printed name of registered ag		13.	ent signature require	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICER		RS IN 12	
12.	D OFFICERS A	ND DIRECTORS	1.1 TITLE	·	ADDITIONS/CHANGES TO CHITCE	☐ Change	☐ Addition	
TITLE	LOUGHLIN, BERTHA F		1.2 NAME			Ter.	,	
NAME	POST OFFICE BOX 161968 N	!A		ET ADDRESS		,,,		
STREET ADDRESS	MIAMI FL 33116	in .	1.4 CITY-			15.		
CITY-ST-ZIP TITLE	PSD PSD	☐ DELETE	2.1 TITLE			☐ Change	Addition	
	LOUGHLIN, ROBERT J		2.2 NAME			11:	_	
NAME	11410 N. KENDALL DRIVE., #	200		ET ADDRESS		r.	Ì	
STREET ADDRESS	MIAMI FL 33176	203	2.4 C/TY	i i		34.	ľ	
CITY-ST-ZIP	WIAMI FE 30170	DELETE	3.1 TITLE			☐ Change	☐ Addition	
TITLE NAME			3.2 NAMI					
ļ				ET ADDRESS				
STREET ADDRESS			3.4. CITY				ļ	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4, 2 NAM	i			l	
STREET ADDRESS			1	ET ADDRESS			}	
CITY-ST-ZIP			4.4 CITY				j	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAM					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRE	ET ADDRESS			-	
STREET ADDRESS			6.4 CITY				Ì	

14. I 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, with all other like empowered.

SIGNATURE:

4-27-99 Date