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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000035008 (7)

Oringinal Dia	ROUP, INC.	Mailing Address						
		1111 LINCOLN ROAD, SI						
MIAMI BEACH	1 FL 33139	MIAMI BEACH FL 33139	2491					
				3. Date Incorporated or Qu 04/19/1996	alified 3a. D	ate of Last F	Report	
2. Principal	Place of Business	2a. Malling Address		4 FEI Number		I IA	pplied For	
21		26		65-044	65170		ot Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Des			Additional equired	
City & St	ate	City & State		6. Election Campaign Finar	ncina		May Be	
23		28		Trust Fund Contribution			to Fees	
Zip	Country	Zip	Country	8. This corporation has liab	ility for intangible	e tax under s	s. 199.032,	
24	25	29	30	Florida Statutes	Yes			
	g. Name and Address of Curi	rent Registered Agent		10. Name and Address of	New Registered	Agent		
DANIELS, NICHOLAS M ESQ. 1111 LINCOLN ROAD, SUITE 500 MIAMI BEACH FL 33139			81 Name					
			82 Street Ade	Street Address (P.O. Box Number is Not Acceptable)				
			83					
			63					
			84 City			85 Zip	Code	
			84 City			\ -	0000	
11 Pursuar	nt to the provisions of Sections 607.0	1502 and 607 1508. Florida Stat	utes the above-named co	rporation submits this statement	FL for the purpose of	of changing i	its registered	
11. Pursuar office or agent. I	nt to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	0502 and 607, 1508, Florida Stat ate of Florida. Such change wa: digations of, Section 607,0505, i	utes the above-named co	rporation submits this statement ation's board of directors. I hereb	or the purpose of	of changing i	its registered	
11. Pursuar office of agent. I	r registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change was ligations of, Section 607.0505, I	utes, the above-named co s authorized by the corpor- Florida Statutes.	ation's board of directors. I hereb	for the purpose on accept the ap	of changing i	its registered	
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supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the cort of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that atign of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do horeby certify that the in information indicated on this. I am an officer or director in appears in Block 12 or ttachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

FILED

Feb 12 1997 8:00am

Secretary of State

Addition