

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000035013 (7)**

1. Corporation Name
VIEWS GROUP, INC.



Principal Place of Business 1111 LINCOLN ROAD-SUITE 600 MIAMI BEACH FL 33139	Mailing Address 1111 LINCOLN ROAD-SUITE 500 MIAMI BEACH FL 33139
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE BISCAYNE TOWER Suite, Apt. #, etc. 22 1800 City & State 23 MIAMI, FLORIDA Zip 24 33131 Country 25 USA		2a. Mailing Address 26 2 SOUTH BISCAYNE BLVD. Suite, Apt. #, etc. 27 1800 1 BISCAYNE TOWER City & State 28 MIAMI, FL Zip 29 33131 Country 30 USA		3. Date Incorporated or Qualified 04/19/1996
		4. FEI Number 65-0664938		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M ESQ
1111 LINCOLN ROAD, SUITE 500
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name MANUEL DE ZARRAGA
82 Street Address (P.O. Box Number is Not Acceptable) 1 BISCAYNE TOWER, SUITE 1800
83 2 SOUTH BISCAYNE BLVD.
84 City MIAMI
85 Zip Code FL 33131

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 
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
2/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE ZARRAGA, MANUEL		1.2 NAME	ONE BISCAYNE TOWER, SUITE 1800
STREET ADDRESS 1111 LINCOLN ROAD, SUITE 500		1.3 STREET ADDRESS	MIAMI FL 33131
CITY-ST-ZIP MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANIELS, NICHOLAS M		2.2 NAME	ONE SE. 3rd Ave. Suite 2400
STREET ADDRESS 1111 LINCOLN ROAD, SUITE 500		2.3 STREET ADDRESS	MIAMI, FL 33131
CITY-ST-ZIP MIAMI BEACH FL 33139		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 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 

1/20/98

CR2E034 (10/97)