


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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000035038 (4)

1. Corporation Name
FLYER GROUP, INC.

Principal Place of Business 1111 LINCOLN ROAD, SUITE 500 MIAMI BEACH FL 33139	Mailing Address 1111 LINCOLN ROAD, SUITE 500 MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Biscayne Tower Suite, Apt. #, etc. 1800 City & State MIAMI, FLORIDA Zip 33121 Country USA		2a. Mailing Address 26 2 South Biscayne Blvd. Suite, Apt. #, etc. 1800 City & State MIAMI, FLORIDA Zip 33131 Country USA		3. Date Incorporated or Qualified 04/19/1996	
				4. FEI Number 65-0664935 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 FL 85 Zip Code 33131			
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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 type="checkbox"/> DELETE		1.1 TITLE	12 Change <input type="checkbox"/> Addition		
NAME	DE ZARRAGA, MANUEL			1.2 NAME	1 BISCAYNE TOWER, SUITE 1800		
STREET ADDRESS	1111 LINCOLN ROAD, SUITE 500			1.3 STREET ADDRESS	2 SOUTH BISCAYNE BLVD		
CITY-ST-ZIP	MIAMI BEACH FL 33139			1.4 CITY-ST-ZIP	MIAMI, FLORIDA		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	3 Change <input type="checkbox"/> Addition		
NAME	DANIELS, NICHOLAS M			2.2 NAME	One S.E. 3rd Avenue, Suite 2400		
STREET ADDRESS	1111 LINCOLN ROAD, SUITE 500			2.3 STREET ADDRESS	Miami, Florida 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.

CFR2034 (1097)