


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. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000035042 (6)**

1. Corporation Name

PIJ GROUP, INC.



Principal Place of Business 4111 LINCOLN ROAD, SUITE 500 MIAMI BEACH FL 33139	Mailing Address 4111 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		2a. Mailing Address 26 2 SOUTH BISCAYNE BLVD. Suite, Apt. #, etc. 27 1800 City & State 28 MIAMI, FLORIDA Zip 29 33131		3. Date Incorporated or Qualified 04/19/1996	
				4. FEI Number 65-0665166	
				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 607.02 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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

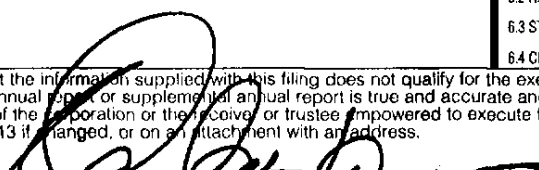
DATE

2/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ZARRAGA, MANUEL 4111 LINCOLN ROAD, SUITE 500 MIAMI BEACH FL 33139	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, NICHOLAS M 1111 LINCOLN ROAD, SUITE 500 MIAMI BEACH FL 33139	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)