SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000040083 (3)

PHOENIX GROUP USA, INC.

## FILED Jul 09 1998 8:00am Secretary of State



| D-111 D1  | - 75                           | Marilla Adda                                |                | ····              |   |  |                        |
|---|--------------------------------|---|----------------|-------------------|---|--|------------------------|
| Principal Plac  |                                | Mailing Address                             |                |                   |   |  |                        |
| 10861 NE QUA<br>  Miami Fl 3313   | YBRIDGE COURT                  | 10661 NE QUAYBRIDGE COURT<br>MIAMI FL 33138 |                |                   |   |  |                        |
| MIAMI FE 93130  |                                | MIRMI PL 33136                              |                |                   |   | DO NOT WRITE IN THIS SPACE                 |                        |
|   |                                |   |                |                   |   | 3. Date Incorporated or Qualified          |                        |
|   |                                |   |                |                   |   | 05/09/1996                                 |                        |
| 2. Principal P  | lace of Business               | 2a. Malling Address                         |                |                   |   | 4. FEI Number                              | Applied For            |
| 21  |                                | 26  |                |                   |   | 65-0679083                                 | Not Applicable         |
| Suite, Apt. #, etc.   |                                | Suite, Apt. #, etc.                         |                |                   |   |  | \$8.75 Additional      |
| 22  |                                | 27  |                |                   |   | 5. Certificate of Status Desired           | Fee Required           |
| City & State  |                                | City & State                                |                |                   | · · · · · · · · · · · · · · · · · · ·     | 6. Election Campaign Financing             | \$5.00 May Be          |
| 23  |                                | 28  |                |                   | Trust Fund Contribution                   | Added to Fees                              |                        |
| Zip   | Country                        | Zip   | Cou            | ntry              |   | 8. This corporation owes or has paid the o | urrent year Intangible |
| 24  | 25                             | 29  | 30             |                   |   | Personal Property Tax due June 30.         | Yes No                 |
|   | 9. Name and Address of Current | Registered Agent                            |                |                   |   | 10. Name and Address of New Registere      | d Agent                |
| Galbut, Howard N  |                                |   |                | 81 N              | Name                                      |  | 1                      |
| 999   | washington avenue              | 82  |                | 82 S              | Street Addres                             | s (P.O. Box Number is Not Acceptable)      | <u> </u>               |
| MAM   | AI BEACH FL 33139              |   |                | 711 001 7 1001 00 | o (i .o. box italiaoi io itali toopiaoio) |  |                        |
|   | •                              |   |                | 83                |   |  |                        |
|   |                                |   | ŀ              | 04 0              | N/4 .                                     |  | Table 200 Octo         |
|   |                                |   |                | 84 C              | City                                      | F  | L 85 Zip Code          |
| 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   |                                |   |                |                   |   |  |                        |
|   |                                |   |                |                   | aignature require                         | d when reinstating) DATE                   | AND DIDECTORS IN 42    |
| 12.<br>TITLE  | PTSD OFFICERS AND              |   | 13.<br>1.1 TIT |                   |   | ADDITIONS/CHANGES TO OFFICERS              |                        |
|   | GALBUT, JOYCE                  | L DELETE                                    |                |                   |   |  | Change Addition        |
| NAME  | 10661 NE QUAYBRIDGE COURT      | •   | 1.2 NA         |                   |   |  | <br><del></del>        |
| STREET ADDRESS  | MIAMI FL 33138                 |   | 4              | REETADD           |   |  |                        |
| CITY-ST-ZIP<br>TITLE  | mirawi i E 00100               | [-]   |                | Y-ST-ZIP          | <u> </u>                                  |  |                        |
|   |                                | L DELETE                                    |                |                   |   |  | Change Addition        |
| NAME  |                                |   | 2.2 NA         |                   |   |  |                        |
| STREET ADDRESS  |                                |   |                | REETADD           |   |  |                        |
| CITY-ST-ZIP   |                                |   |                | Y-ST-ZIP          | <u> </u>                                  |  |                        |
| TITLE   |                                | L DELETE                                    | 3.1 T17        |                   |   |  | Change Addition        |
| NAME  |                                |   | 3.2 NA         |                   |   |  |                        |
| STREET ADDRESS  |                                |   |                | REET ADD          |   |  |                        |
| CITY-ST-ZIP   |                                |   |                | Y-ST-ZIP          |   |  |                        |
| TITLE   |                                | DELETE                                      | 4.1 TIT        |                   |   |  | Change Addition        |
| NAME  |                                |   | 4.2 NA         |                   |   |  |                        |
| STREET ADDRESS  |                                |   | 4.3 STF        | REET ADD          | RESS                                      |  |                        |
| CITY-ST-ZIP   | <u> </u>                       | <del></del>                                 | _              | Y-ST-ZIP          |   |  |                        |
| TITLE   |                                | DELETE                                      | 5.1 TtT        |                   |   |  | Change Addition        |
| NAME  |                                |   | 5.2 NAI        | ME                |   |  |                        |
| STREET ADDRESS  |                                |   | 5.3 STR        | EET ADO           | RESS                                      |  |                        |
| CITY-ST-ZIP   |                                | ·   | 5.4 CIT        | ST-ZIP            |   |  |                        |
| TITLE   |                                | DELETE                                      | 6.1 TIT        | 1                 |   |  | Change Addition        |
| NAME  |                                |   | 6.2 NA         | ł                 |   |  |                        |
| STREET ADDRESS  |                                |   | 6.3 STR        | T ADD             | RESS                                      |  |                        |
| CITY-ST-ZIP   |                                |   | 6.4 CIT        | ST-ZIP            |   |  |                        |

14. I hereby certify that the information supplied with this filing does not qualify for the exemple in 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 the time 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 is 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.

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July 1 1998

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