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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

April 14,1997

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600043164 (8) 1. Corporation Name DOW-WARNER INTERNATIONAL GROUP, INC.

					1499 011 190 190 190 100 100 1	8
Principal Plac	e of Business	Mailing Address	Mailing Address		i (891) an in in in in in in aniii aniii aniii aniii	Abitt mines iftet tibis stitt athe inne
2801 PONCE DE LEON BLVD. SUITE 455		2001 PONCE DE LEON BLVD. SUITE 455				
CORAL GABLE	S FL 33134-6917	CORAL GABLES FL 33134-	6917			
	_				3. Date Incorporated or Qualified 05/20/1996	3a. Date of Last Report N/A
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0667116	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional 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 Country		8. This corporation has liability for intangible tax under s. 199.032.		
24			30	6. This corporation has industry for interigrate tax artists of the corporation has a contract to interigrate tax artists of the corporation has a contract to interigrate tax artists of the corporation has a contract to interigrate tax artists of the corporation has a contract to interigrate tax artists of the corporation has a contract to interigrate tax artists of the corporation has a contract to interigrate tax artists of the corporation has a contract to interigrate tax artists of the corporation has a contract to interigrate tax artists of the corporation has a contract to interigrate tax artists of the corporation has a contract tax artists of the cor		
	9. Name and Address of Currer		1331	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Reg	
THO	MAS, BRADFORD A		81	Name		
KIMBRELL & HAMANN			82	Street Add	ddress (P.O. Box Number is Not Acceptable)	
	BRICKELL PLAZA, SUITE 900 MI FL 33131-2805		83			
••••			84	City		85 Zip Code
11, Pursuant office or i agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig-	2 and 607.1508, Florida Statute of Florida Such change was a ations of, Section 607.0505, Flo	es, the abovi Juthorized by Orida Statutes	e-named cor / the corpora s.	poration submits this statement for the partion's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
SIGNATURE						
40	Signature, typod or printed name of registered age OFFICERS AN			int signature requ	#rod when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DIDECTORS IN 40
12.	D OF FIGURE AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	BRENNAN, JAMES R	- Ditti	1.2 NAME			C Change C Modition
STREET ADDRESS % 2801 PONCE DE LEON BLVD. #455			1	1000000		•
	CORAL GABLES FL 33134-691		1.3 \$1REE1			
CITY-ST-ZIP TITLE	D	DELETE	1.4 CHTY - S 2.1 TITLE	1- ZIP		Change Addition
NAME	VACCA, MARIE		2.2 NAME	ł		Change C Addition
	AL ARAM DONOF DE LEON BILED ALSE			45.001.00		
STREET ADDRESS	CORAL GABLES FL 33134-691		2.3 STREET		····	* *
CITY-\$T-ZIP	DELETE		2. 4 CITY - ST - ZIP			Change Addition
NAME	T perete		3.1 TITLE	3.2 NAME		E cuanão El volitibil
				ADDDCOO		
STREET ADDRESS			3.3 \$1REET			
CITY-ST-ZIP TITLE	DELETE		3.4. CITY-ST-7/P 4.1 YITLE			Change Addition
		L_ Diffic	- 1	}		Fil onguige Li word(f)()()
NAME			4. 2 NAME	2010701		
STREET ADDRESS			4 3 STREET			
CITY-\$1-ZIP		☐ DELETE	4.4 CiTY-S	1- ZIP		Change Addition
TITLE			5 1 THLE			☐ ouenãe ☐ voaliiou
NAME DYDEET LOODEGG			5.2 NAME	Inneres		
STREET ADDRESS			5.3 STREET	- 1		
CITY-ST-ZIP		DELETE	5.4 CITY-S	1 · ZIP		Phones Address
TITLE		L. DELETE	6.1 THLE	1		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

14. I do hereby certify that the information supplied with this fiting 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 13 or Block 13 if changed, or on an attachment with an address:

(305) 461-2324

James R. Brennan