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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000044035 (9)

1. Corporation Name
THE PMG GROUP, INC.



Principal Place of Business
7781 S.W. 21 STREET
MIAMI FL 33155

Mailing Address
7781 S.W. 21 STREET
MIAMI FL 33155-6507

3. Date Incorporated or Qualified **05/17/1996** 3a. Date of Last Report **FIRST**
 4. FEI Number **65-0677654** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
GUTIERREZ, PATRICIA M
7781 S.W. 21 STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503 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: *Patricia M. Gutierrez* **PATRICIA M. GUTIERREZ** 3/14/97
 DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GUTIERREZ, PATRICIA M | |
| STREET ADDRESS | 7781 S.W. 21 STREET | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GUTIERREZ, JOSE M | |
| STREET ADDRESS | 7781 S.W. 21 STREET | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GUTIERREZ, OFELIA | |
| STREET ADDRESS | 7781 S.W. 21 STREET | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MANOAH, SUSANA M | |
| STREET ADDRESS | 13205 S.W. 55 STREET | |
| CITY-ST-ZIP | MIAMI FL 33175 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | PRESIDENT-DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | GUTIERREZ, PATRICIA M. | |
| 1.3 STREET ADDRESS | 7781 SW 21 STREET | |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33155 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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: *Patricia M. Gutierrez* 3/14/97 (305)265-6299
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 3/14/97 DISTRICT PHONE #

CR2E034 (9/96)