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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u> 19</u>98

DOCUMENT # P9600056771 (4)

THE GOLIN GROUP, INC.

FILED May 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 8306 MILLS DRIVE #193 8306 MILLS DRIVE #193 MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1996 2a. Mading Andress 2. Principal Place of Business Applied For APPLIED FOR-65-080318 21 Not Applicable 26 Suite, Apt #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOLIN, DEBORAH L 8306 MILLS DRIVE #193 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183** 83 City Zip Code 85 FL 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. Thereby accept the appointment as registered agent. Land familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition PD 1.1 THE TITLE NAME **GOLIN, GARY D** 1.2 NAME 8306 MILLS DRIVE #193 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 1111.6 GOLIN, DEBORAH L NAME 2.2 NAME 8306 MILLS DRIVE #193 2.3 STREET ADORESS STREET ADDRESS MIAM! FL 33183 CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SY-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 1110 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(1Y - ST - 7/P) CITY-ST-ZIP DELETE Change Addition TITLE 5.1 11118 NAME 5.2 NAME STREET ADDRESS 5.3 STRELT ADDRESS CITY - ST - ZIP 5.4 CHY - \$1 - 7IP DELETE Change Addition TIFLE 6.1 TRUE NAME 62 NAME 400002539014 -05/28/98--01043--040 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CRY-ST-ZIP CRTY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. I further certify that the information indicated on this annual report or supplience of about a 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 of the conserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed for intaining that imment with an address.

CICALATURE.

A 27/98

305-996-7607