


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000066475 (0)**

1. Corporation Name
IMMO GROUP, INC.



Principal Place of Business 1001 W. CYPRESS CREEK RD. SUITE 308 FT. LAUDERDALE FL 33309	Mailing Address 1001 W. CYPRESS CREEK RD. SUITE 308 FT. LAUDERDALE FL 33309-1950
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3. Date Incorporated or Qualified 08/09/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1001 W. Cypress Creek Road Suite, Apt. #, etc. 22 Suite 320 City & State 23 Ft. Lauderdale, FL Zip 24 33309	2a. Mailing Address 26 1001 W. Cypress Creek Road Suite, Apt. #, etc. 27 Suite 320 City & State 28 Ft. Lauderdale, FL Zip 29 33309	4. FEI Number 65-0686224 Applied For <input type="checkbox"/> Not Applicable 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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 200 S. BISCAYNE BLVD. SUITE 2100 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name JAMES H. NOBIL 82 Street Address (P.O. Box Number is Not Acceptable) 1001 W. Cypress Creek Road 83 Suite 320 84 City Ft. Lauderdale FL 85 Zip Code 33309
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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 *[Signature]* DATE **2/10/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE BROWARNIK, MICHAEL 1001 W. CYPRESS CREEK RD. SUITE 308 FT. LAUDERDALE FL 33309	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MICHAEL W. BROWARNIK 1001 W. Cypress Creek Road, Suite 320 Ft. Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE AQUIRRE, CAMILO 1001 W. CYPRESS CREEK RD. SUITE 308 FT. LAUDERDALE FL 33309	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Camilo Aguirre 1001 W. Cypress Creek Road, Suite 320 Ft. Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE NOBIL, JAMES 1001 W. CYPRESS CREEK RD. SUITE 308 FT. LAUDERDALE FL 33309	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAMES H. NOBIL 1001 W. Cypress Creek Road, Suite 320 Ft. Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 *[Signature]* DATE **2/10/97** **954-202-9993**

CR2E034 (9/96)