M			D MAV 4 10			· · · · · · · · · · · · · · · · · · ·	
LE NOW: FILING FEE AFTER MAY 1 IS \$550.00						-, FILED	
	PROFIT CORPORATION			B. Mortham	TATE	May 19 1997 8:00am	
	JAL REPORT		Secretary of State			Secretary of State	
	1997	A STITLE	DIVISION OF CORPORATIONS				ary of State
DOCUMENT # P96000069176 (1)							
S & S GROUP HOLDINGS, INC.							
0000						i hadahada kir jania dikilarkin adala diki	I BAKIN ANNA TANA INA MANA
Principal Place	e of Business	Mait	ing Address		·····		
5601 COLLINS	1001 COLLINS AVENUE, SUITE 1721 5601 COLLINS AVENUE, SUITE 1721						
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-2453							
						3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principat Pl	lace of Business		ailing Address	(-0-2		08/20/1996	Applied For
21 030 Suite, Apt.		UTSE 26	P. D. D Suite, Apt. # , etc.	X 242	202	05-049351	Not Applicable
22	# , etc.	27	suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Cav & Slate	Inrhy FI		City & State	~]		6. Election Campaign Financing	\$5.00 May Be
23 LUN 1 2001			HODRA T	Country		Trust Fund Contribution B. This corporation has liability for	Added to Fees
24 00 5		of Current Registe	53324	30 BRO	ward	Florida Statutes	Yes 🔲 No
AME	RILAWYER CHARTERE		red Ağerir	81	Name	10. Name and Address of New Re	gistered Agent
343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)							D(8)
COR	VAL GABLES FL 33134			63			·
					City		B5 Zip Code
d. Durauanti	to the provisions of Castin				· ·		
office or re apent Lar	egistered agent, or both, i m familiar with and accer	ns 607.0502 and 607 in the State of Florida of the obligations of 3	. Such change was Section 607 0505 F	utes, the above- authorized by t forida Statutes	he corporation	oration submits this statement for the p on's board of directors. I hereby accept	purpose of changing its registered
SIGNATURE							
12.	Signature, typed or printed name o	ICERS AND DIRECT		DTE: Registered Agent	tignature require	ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRECTORS IN 12
TITLE			DELETE	1.1 THLE	P	resident 1220	CERS AND DIRECTORS IN 12
NAME STREFT ADURESS				1.2 NAME 1.3 STREET A	DORESS	Ura any is rese	33154
CI1Y-\$1-ZIP		·····	······	14 DITY-ST-		au Harbor, FL 7	33154
TITLE NAME			DELETE	2 1 TITLE 2 2 NAME			Change Addition O
STREET ADDRESS				2 3 STREET A	DDRESS		
CHTY-ST-ZIP			DELETE	2 4 CATY ST	- ZIP		
TITLE NAME			DELETE	3.1 TITLE 3.2 NAME			Change L Addition
STREET ADORESS				3.3 STREET A	DDAESS		
CITY-ST-ZIP TITLE			DELETE	3 4. CITY - ST 4.1 TITLE	- ZIP		Change Addition
NAME			Print Deceme	4. 2 NAME			
STREET ADDRESS				4.3 STREET A	DDRESS		
CITY-ST-7IP TITLE			DELETE	4.4 CITY-ST- 5 1 TITLE	ZIP		Change Addition
NAME				5.2 NAME			
STHEFT ADDRESS				5.3 STREET A			CS KIIa/GT
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST- 6.1 TIFLE	<u>ZIP</u>	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME				6.2 NAME			
STREET ADDRESS Dity - St - Zip				6.3 STREET A		, k	B D.D 11.5.00
14. 1 do hereb	by certify that the informat	on supplied with this	filing does not qua	6.4 CITY-ST-	notion stated	in Section 119.07(3)(i), Florida Statute	s. I further certily 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 charged, or on an attachment with an address.							
$A \cap (A \cap S) = A \cap A$							
SIGNAT	UKE: SIGNATUR			171 C	1 Rdwb		