

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000074807 (4)**

1. Corporation Name  
**MOTION GROUP, INC.**



Principal Place of Business <b>3321 COCOPLUM CIRCLE COCONUT CREEK FL 33063</b>	Mailing Address <b>3321 COCOPLUM CIRCLE COCONUT CREEK FL 33063</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>N/A</b>		2a. Mailing Address <b>N/A</b>		3. Date Incorporated or Qualified <b>09/05/1996</b>	3a. Date of Last Report <b>N/A</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0695780</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CERECEDA, ROCIO  
3321 COCOPLUM CIRCLE  
COCONUT CREEK FL 33063**

10. Name and Address of New Registered Agent

81. Name	<b>N/A</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>N/A</b>
83. City	<b>N/A</b>
84. City	<b>FL</b>
85. Zip Code	

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PRESIDENT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALVARO P. CERECEDA</b>	1.2 NAME	<b>NONE</b>	
STREET ADDRESS	<b>3321 COCOPLUM CIRCLE</b>	1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK, FL 33063</b>	1.4 CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT</b>	2.1 TITLE		
NAME	<b>ROCIO CERECEDA</b>	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>3321 COCOPLUM CIRCLE</b>	2.3 STREET ADDRESS	<b>900002305619</b> <b>-09/29/97--01004--027</b> <b>***550.00</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33063</b>	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<b>9-26</b> <b>JR</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	<b>9-26</b> <b>JR</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	<b>9-26</b> <b>JR</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	<b>9-26</b> <b>JR</b>	
CITY-ST-ZIP		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, changed or on an attachment with an address.

SIGNATURE:

*[Signature]* **ALVARO P. CERECEDA**

**7/20/97**

**954-677-8283**

CR2E034 (4/97)