

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

FILED
May 20 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 # P96000075124 (3)

1. Corporation Name
GROUP NEXUS TWO, INC.



Principal Place of Business 2520 N.W. 5TH AVENUE MIAMI FL 33127		Mailing Address 2520 N.W. 5TH AVENUE MIAMI FL 33127-4314	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Country	
24		29	
25		30	
3. Date Incorporated or Qualified 09/10/1996			
3a. Date of Last Report			
4. FEI Number APPLIED FOR			
<input checked="" type="checkbox"/> 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 type="checkbox"/> No			
9. Name and Address of Current Registered Agent LORBER, ALAN R 1140 KANE CONCOURSE #400 BAY HARBOR ISLANDS FL 33154		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP		2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP		3.1 TITLE	
3.2 NAME		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP		6.1 TITLE	
6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
7.1 TITLE		7.2 NAME		7.3 STREET ADDRESS	
7.4 CITY - ST - ZIP		7.5 TITLE		7.6 NAME	
7.7 STREET ADDRESS		7.8 CITY - ST - ZIP		7.9 TITLE	
7.10 NAME		7.11 STREET ADDRESS		7.12 CITY - ST - ZIP	
7.13 TITLE		7.14 NAME		7.15 STREET ADDRESS	
7.16 CITY - ST - ZIP		7.17 TITLE		7.18 NAME	
7.19 STREET ADDRESS		7.20 CITY - ST - ZIP		7.21 TITLE	
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7.28 CITY - ST - ZIP		7.29 TITLE		7.30 NAME	
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