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Jun 09 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 # P96000077325 (4)

1. Corporation Name

BRISAS DEL MAR GROUP INC.



Principal Place of Business

801 SEVILLA AVE., STE. 306
CORAL GABLES FL 33134

Mailing Address

201 SEVILLA AVE., STE. 306
CORAL GABLES FL 33134-6616

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0756198		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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

RIEGO, ENRIQUE V
201 SEVILLA AVE., STE. 306
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable.

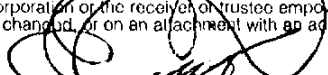
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE



4/25/97

305-441-4219

CR2E034 (9/96)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **65-0756198**

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) Brisas del Mar Group Inc.	
	2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 201 Sevilla Ave, Suite 306	5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code Coral Gables Florida 33134	5b City, state, and ZIP code
	6 County and state where principal business is located Dade County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ Enrique del Riego	

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) Florida	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	
<input type="checkbox"/> Other nonprofit organization (specify)	(enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ▶		

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶	State Florida	Foreign country
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Started new business (specify) ▶ 5/97	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) 5/30/97	11 Enter closing month of accounting year. (See instructions.)
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) 6/97
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13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶	Nonagricultural one	Agricultural	Household
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14 Principal activity (See instructions.) ▶ Housing Development

15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶
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16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.
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17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.		
Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Brisas Del Mar Group Inc.**

Signature ▶ **Enrique del Riego, Pres.** Date ▶ **5/30/97**

Note: Do not write below this line. For official use only.

Geo.	Ind.	Class	Size	Reason for applying
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