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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90208 031 \*\*\*150.00

1. Corporation	MENT # P96000( SS GROUP, INC.	096491			
Principal Place	of Business	Mailing Address		# INDICADA (ED 18310 BACCA DESIA DOCA BACCA DOCA DACA DACA DACA DACA DACA DACA	
1430 BRICKELL		1430 BRICKELL BAY DR			
STE 505		505		TO MOTIVOTE IN THE ODICE	
MIAMI FL 33131		MIAMI FL 33131		DO NOT WRITE IN THIS SPACE	
US	,	US		3. Date Incorporated or Qualifed 11/21/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	<del>.</del>	4. FEI Number Applied For	ar .
21		26		65-0715301 Not Applica	$\overline{}$
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22 _	والعرار حابان والمؤاصر يعيمهم والمعارد	27	<u></u>		
City & State	9 .	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	$\leftarrow$
Zip	Country	Zìp	Country	8. This corporation owes the current year Intangible Personal Property Tax.	
24	25	29 30	<u> </u>	Personal Property Tax. LYes ANO  10. Name and Address of New Registered Agent	
	9. Name and Address of Current	Registered Agent	81 Name		
SAY	ON VIER		GT Hame		
SAXON, YLE R 169 E FLAGLER ST			82 Street	eet Address (P.O. Box Number is Not Acceptable)	Į
MIAMI FL 33131			83		$\dashv$
· with the			65		
į į			84 City	FL 85 Zip Code	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was authons of, Section 607.0505, Florida	onzed by the corp Statutes.	ned corporation submits this statement for the purpose of changing its register orporation's board of directors. I hereby accept the appointment as registered	ed
	Signature, typed or printed name of registered agent			ure required when reinstating) DATE	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	PST .	□ OECETE			
NAME.	MARX, PATRICIA R		1.2 NAME	1420 Box 6000 Box D. #505	- 1
STREET ADDRESS	1430 S BAYSHORE DR		1.3 STREET ADDRESS	1430 Brichell Bay Dr. #505	-
CITY-ST-ZIP	MIAMI FL 33131	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Ad	dition
TITLE	*	רו סבובור	2.1 MILE 2.2 NAME		
NAME	•				
STREET ADDRESS	**-		2.3 STREET ADDRESS		
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NAME	•		3.3 STREET ADDRESS		}
STREET ADDRESS	•				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Ad	ddition
1	· ,		4. 2 NAME		
NAME			4.3 STREET ADDRESS	FSS	
STREET ADDRESS			4.4 CITY-ST-ZIP		ļ
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.1 TITLE	☐ Change ☐ Ad	daition
NAME		<u> </u>	5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRESS	ESS	
			5.4 CITY+ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	☐ Change ☐ Ad	ddition
NAME		_ =====================================	6.2 NAME		,

14. I 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 exporation 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

MATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

. MARX

4/12/99

305 579 986

Daytime Phone #

CB2E034 (11/98)