

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000098362 (2)

1. Corporation Name
ZEUS GROUP, INC.



| | |
|--|---|
| Principal Place of Business 16755 HEMINGWAY DRIVE FT LAUDERDALE FL 33326 | Mailing Address 16755 HEMINGWAY DRIVE FT LAUDERDALE FL 33326-3107 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/02/1996 | 3a. Date of Last Report |
| 4. FEI Number 22-3397147 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 | |

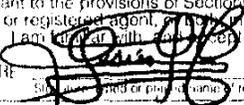
| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Country |
| 24. Country | 29. Zip |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent
**GARCIA, HARVY
451 S.W. 182ND WAY
PEMBROKE PINES FL 33029**

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name Jesús A. Dominguez |
| 82. Street Address (P.O. Box Number is Not Acceptable) 16755 Hemingway Dr. |
| 83. |
| 84. City Fort Lauderdale FL 85. Zip Code 33326 |

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, as shown on 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:  **Jesús A. Dominguez** DATE: **March 31/97**

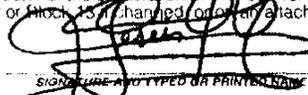
12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DOMINQUEZ, JESUS | |
| STREET ADDRESS | 16755 HEMINGWAY DR. | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33326 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GARCIA, HARVY | |
| STREET ADDRESS | 451 S.W. 182ND WAY | |
| CITY-ST-ZIP | PEMBROKE PINE FL 33029 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | DROZCO ANGELA M. | |
| 1.3 STREET ADDRESS | 16755 Hemingway Dr. | |
| 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33326 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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:  **Jesús A. Dominguez, Director** Date: **March 31/97**
Daytime Phone # **954-3497806**

CP2E034 (9/96)