

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

FILED
May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000020289
 1. Corporation Name
1230 GROUP INC.

Principal Place of Business 12501 NORTH KENDALL DRIVE SIDE SUITE MIAMI, FL 33186	Mailing Address SAME
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2180 S.W. 12 AVE.	2a. Mailing Address 26 1313 PONCE DE LEON BLVD.	3. Date Incorporated or Qualified 3/5/97	4. FEI Number 65-0746281
Suite Apt. #, etc 22	Suite Apt. #, etc 27 SUITE 300	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
City & State 23 MIAMI, FL	City & State 28 CORAL GABLES, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
Zip 24 33129	Country 25 USA	Zip 29 33134	Country 30 USA

9. Name and Address of Current Registered Agent
**RICHARD F. KONDLA
 12501 NORTH KENDALL DRIVE
 SIDE SUITE
 MIAMI, FL 33186**

10. Name and Address of New Registered Agent
**81 Name MANUEL L. RIVERO
 82 Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD.
 83 SUITE 300
 84 City CORAL GABLES FL 85 Zip Code 33134**

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE:  **MANUEL L. RIVERO** DATE: **4/29/98**
(NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHARD KONDLA		1.2 NAME
STREET ADDRESS 12501 NORTH KENDALL DRIVE, SIDE STE		1.3 STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33186		1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME S/T-P
STREET ADDRESS		2.3 STREET ADDRESS 1313 PONCE DE LEON BLVD. STE.300
CITY-ST-ZIP		2.4 CITY-ST-ZIP CORAL GABLES, FL 33134
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 checked="" type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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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 supplementary 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 not in attachment with an address.

SIGNATURE:  DATE: **4/29/98** TELEPHONE: **(305)443-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)