PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024201

MUNOZ GROUP CORP.								
Principal Place of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7951 SW 4ÓTH ST., STE. 206 MIAMI FL 33155	7951 SW 40TH ST., STE, 206 MIAMI FL 33155			DO NOT WRITE IN THIS SPACE				
	·			3. Date Incorporated or Qualifed 03/18/1997				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	1	Applied For		
21				65-0741602	1	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	T -	.75 Additional ee.Required≔—		
City & State	City & State			Election Campaign Financing Trust Fund Contribution	1	5.00 May Be added to Fees		
Zip Country		Country		This corporation owes the current Personal Property Tax.	year Intangible	e es □No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
MUNOZ. NELSON		81				****		
7951 SW 40TH ST., STE. 206		82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33155		83						
		84	1		FL 85	Zip Code		
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the office of the section	itate of Florida. Such change was author	ized by	the corporation	ration submits this statement for the pur n's board of directors. I hereby accept th	pose of chang e appointmen	ing its registered t as registered		
SIGNATURE	Alore Desire	and Ac-	nt signature required	when minetaking)	DATE			
Signature, typed or printed name of registere 12. OFFICER:		13.	nt signature required	ADDITIONS/CHANGES TO OFFIC		RECTORS IN 12		
14. OFFICERS	S AND DIRECTORS	13.		ADDITIONO/OFFICE TO OFFICE	C C			

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.		O OFFICERS AND DIRECTO	CERS AND DIRECTORS IN 12					
TITLE	D DELETE	1.1 TITLE		☐ Change	Addition					
NAME	MUNOZ, NELSO ✓	1.2 NAME								
STREET ADDRESS	7951 SW 40TH ST., STE. 206	1.3 STREET ADDRESS		•						
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP								
TITLE	PVST DELETE	2.1 TITLE		Change	☐ Addition					
NAME	MUNOZ, NELSO ∼	2.2 NAME		•						
STREET ADDRESS	7951 SW 40TH ST., STE. 206	2.3 STREET ADDRESS			•					
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY- ST-ZIP		· 						
TITLE	DELETE	3.1 TITLE		☐ Change	☐ Addition					
NAME	·	3.2 NAME								
STREET ADDRESS		3.3 STREET ADDRESS			}					
CITY-ST-ZIP		3,4, CITY-ST-ZIP								
TITLE	DELETE	4.1 TITLE	•	☐ Change	☐ Addition					
NAME		4. 2 NAME			ļ					
STREET ADDRESS		4.3 STREET ADDRESS								
CITY-ST-ZIP		4.4 CITY-ST-ZIP								
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition					
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		5.4 CITY+ST+ZIP		 						
TITLE	. DELETE	6.1 TITLE		Change	☐ Addition					
NAME		6.2 NAME								
STREET ADDRESS		6.3 STREET ADDRESS								
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1 0 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1							

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 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, with all other like empowered.

SIGNATURE:

305 76/6251

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90090 047 ***150.00