

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

FILED

**Jun 17 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029427 (6)

1. Corporation Name: **THE BORG, INC.**



Principal Place of Business: **255 ALHAMBRA CIR., STE. 424 CORAL GABLES FL 33134**

Mailing Address: **255 ALHAMBRA CIR., STE. 424 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1950 NW 94 Avenue**

22 **Second Floor**

23 **Miami, FL**

24 **33172** 25 **USA**

2a. Mailing Address

26 **1950 NW 94 Avenue**

27 **Second Floor**

28 **Miami, FL 3**

29 **33172** 30 **USA**

3. Date Incorporated or Qualified: **04/01/1997**

4. FEI Number: **65-0746701**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MANDELL LEE
255 ALHAMBRA CIR., STE. 424
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

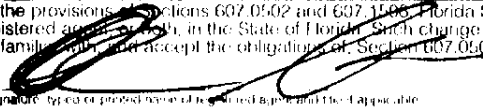
81 Name: **Omar Armenteros, Sr.**

82 Street Address (P.O. Box Number is Not Acceptable): **1950 NW 94 Avenue**

83 **Second Floor**

84 City: **Miami** FL 85 Zip Code: **33172**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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:  (NCH: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMENTEROS, OMAR	
STREET ADDRESS	255 ALHAMBRA CIR., STE. 424	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ECHEZARRETA, MANUEL	
STREET ADDRESS	255 ALHAMBRA CIR., STE. 424	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

100002564741
-06/19/98-01006-039
*****150.00**

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 authorized 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 in an attachment with an address.

SIGNATURE:  6/19/98

CR2E034 (10/97)