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Mar 18 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 # *P97000040062*

1. Corporation Name

*FAMILY DEVELOPMENT GROUP, INC.*

Principal Place of Business

Mailing Address

*590 S.W. 9 ST.  
MIAMI, FL. 33130*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*5/1/97*

2. Principal Place of Business

2a. Mailing Address

21 *590 SW. 9 ST.*

25 *P.O. BOX 2271*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 *MIAMI, FL.*

28 *MIAMI, FL.*

Zip

Country

Zip

Country

24 *33130*

25 *U.S.A.*

29 *33101*

30 *U.S.A.*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*AMPARO CARRERA  
590 S.W. 9 ST.  
MIAMI, FL. 33130*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

*FL*

85 Zip Code

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *PRESIDENT* ☐ DELETE

NAME *AMPARO CARRERA*

STREET ADDRESS *590 S.W. 9 ST.*

CITY-ST-ZIP *MIAMI, FL. 33130*

TITLE *VICE-PRESIDENT* ☐ DELETE

NAME *MARLEN BOUZON*

STREET ADDRESS *1110 N.W. 1ST.*

CITY-ST-ZIP *MIAMI, FL. 33128*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/98*

Date

*(305) 857-0142*

Daytime Phone #

CR2E034 (10/97)