

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

**FILED**  
**Mar 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000049312 (6)**  
 1. Corporation Name  
**FLORENCE GROUP, INC.**



Principal Place of Business <b>4699 SW 72 AVE MIAMI FL 33134</b>	Mailing Address <b>4699 SW 72 AVE MIAMI FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 16681 Royal Poinciana Dr.</b>		2a. Mailing Address <b>26 16681 Royal Poinciana Dr.</b>		3. Date Incorporated or Qualified <b>06/04/1997</b>	
22 City & State <b>23 Ft. Lauderdale, Fl.</b>		27 City & State <b>28 Ft. Lauderdale, Fl.</b>		4. FEI Number <b>65-0774998</b>	
24 Zip <b>F1, 33326</b>		29 Zip <b>33326</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country <b>USA</b>		30 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>IVERSON, DAVID 4699 SW 72 AVE MIAMI FL 33134</b>				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>IVERSON, DAVID 4699 SW 72 AVE MIAMI FL 33134</b>				10. Name and Address of New Registered Agent	
81 Name <b>Perez, Behar &amp; Assoc., Inc.</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>14730 NE 10th Ave.</b>			
83		84 City <b>M. Miami</b>			
85 Zip Code <b>FL 33161</b>					

11. Pursuant to the provisions of Sections 607.0609 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 607.0605, Florida Statutes.

SIGNATURE: *Ramon Perez* **Ramon Perez / Vice-President 3-8-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOZADA, MIGUEL MARTIN</b>		1.2 NAME	
STREET ADDRESS <b>4699 SW 72 AVE</b>		1.3 STREET ADDRESS	<b>LIZANA MIGUEL MARTIN</b>
CITY-ST-ZIP <b>MIAMI FL 33134</b>		1.4 CITY-ST-ZIP	<b>16681 Royal Poinciana Dr. Ft. Lauderdale, Fl. 33326</b>
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DE MARTIN, MARIA NERI</b>		2.2 NAME	
STREET ADDRESS <b>4699 SW 72 AVE</b>	<b>16681 Royal Poinciana Dr.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33134</b>	<b>Ft. Lauderdale, Fl. 33326</b>	2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>IVERSON, DAVID</b>		3.2 NAME	
STREET ADDRESS <b>4699 SW 72 AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33134</b>		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 type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Lizana Miguel Martin* **LIZANA MIGUEL MARTIN** *3/8/98* **305-944-4738**

CR2E034 (1097)