	Fill	E NOW: EILI	NG FEE AFTER	MAY 1ST	10 65	50 በበ	FII	LED	·
<b></b>		PROFIT							
CORPORATION				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham			Jul 09 1998 8:00am		
ANNUAL REPORT				Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
	DOCU		-97000059	9231 (5	)				
1.		GROUP, INC.	07000000		<b>'</b> )				
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	rincinal Plac	e of Business	Maill	ing Address	• • • • • • • • • • • • • • • • • • • •				
17000 SOUTHWEST B7TH COURT 17000 SOUTHWEST 87TH					TH COURT				
MIAMI FL 33157 MIAMI FL 33157							DO NOT WRITE IN T	HIS SPACE	
							3. Date Incorporated or Qualified		
2.	Principal P	Place of Business	2a. N	Address			07/08/1997 4. FEI Number	Applied For	
21	Duite Art		26				65-0765350	Not Applicat	ole
22	Suite, Apt.	#, BIC.	27	iuite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & Stat	0		Cily & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	Zip	Cour	ntry Z	lip		untry	8. This corporation owes or has paid the	e current year Intangible	
24		9. Name and Add	29 Iress of Current Register	red Agent	30	1	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No	
AMERILAWYER CHARTERED 81 Name									
		3 ALMERIA AVENUI				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
		)ral, gables FL 3	3134			83			
						84 City		85 Zip Code	_
-11	Pursuant	to the provisions of Se	ections 607 0502 and 607	1508 Elorida Stat	ules the e		rovation submits this statement for the purpo		_
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 privided name of registered agent and title if approable (NOTE: Registered Agent signature required when reinstaling) DATE									_
12			OFFICERS AND DIRECTO	DHS	13.		ADDITIONS/CHANGES TO OFFICERS		(10/97)
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NAME		—			6.2 NAME		0000025874 -07/14/3801005	110 VA	
STREET ADDRESS						REET ADDRESS	***150.00	$\int $	\
	I hereby c	ertify that the informat	ion supplied with this filing	g does not qualify	for the eve	TY-ST-ZIP Emption stated in	Postion 110 07/2Vi) Elevide Clab des 14 db	r certity that the information	n
	officer or of	on this annual report of director of the corpora	or supplemental annual re tion or the receiver or trus	port is true and ac	execute l	a inai my signati his report as req	ure shall have the same legal effect as if madi ured by Chapter 607, Florida Statutes; and the	3 under oath; that I am an hat my name appears in	
Block 12 or Block 13 if changed, or on an attachment with an endrose the reperted required by Shapter cor, Honda etables, and that his hand appears in									