

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

FILED

Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000065616 (9)

1. Corporation Name  
STAT GROUP, INC.

Principal Place of Business	Mailing Address
12302 NE 6 AVE. N. MIAMI FL 33161	12302 NE 6 AVE. N. MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1997	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	24	25 Country	26	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	26	27	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC.  
100 NE THIRD AVE., STE. 1100  
FT. LAUDERDALE FL 3333-01

10. Name and Address of New Registered Agent

81 Name	Stachewitsch, Andre
82 Street Address (P.O. Box Number is Not Acceptable)	12302 NE 6th Avenue
83	
84 City	North Miami
85 Zip Code	FL 33161

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 *Andre Stachewitsch* DATE *3/22/98*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stachewitsch, Marc	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	2.2 NAME	
STREET ADDRESS	Stachewitsch, Marc	2.3 STREET ADDRESS	
CITY-ST-ZIP	10203 E. Broadview Drive Bay Harbor, FL 33154	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice-President	3.2 NAME	
STREET ADDRESS	Stachewitsch, Monique	3.3 STREET ADDRESS	
CITY-ST-ZIP	10203 E. Broadview Drive Bay Harbor, FL 33154	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasure	4.2 NAME	
STREET ADDRESS	Stachewitsch, Andre	4.3 STREET ADDRESS	
CITY-ST-ZIP	10203 E. Broadview Drive Bay Harbor, FL 33154	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	5.2 NAME	
STREET ADDRESS	10203 E. Broadview Drive	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	Secretary	6.2 NAME	
STREET ADDRESS	Stachewitsch, Mona	6.3 STREET ADDRESS	
CITY-ST-ZIP	10203 E. Broadview Drive Bay Harbor, FL 33154	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: *Andre Stachewitsch* DATE *3/11/98* 305-893-7698

CR2E034 (10/97)