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May 01 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 # P97000097444 (8)

1. Corporation Name
PORTFOLIO TALENT GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 122 MINORCA AVENUE CORAL GABLES FL 33134		Mailing Address 122 MINORCA AVENUE CORAL GABLES FL 33134	
2. Principal Place of Business 21 235 LINCOLN ROAD Suite, Apt. #, etc. 22 SUITE 207 City & State 23 MIAMI BEACH, FL Zip 24 33139 Country 25		2a. Mailing Address 26 235 LINCOLN ROAD Suite, Apt. #, etc. 27 SUITE 207 City & State 28 MIAMI BEACH, FL Zip 29 33139 Country 30	
3. Date Incorporated or Qualified 11/12/1997		4. FEI Number 65-0790612 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. 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 MEDELL, PHILIPPE L 122 MINORCA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name MEDELL, PHILIPPE LAURENCE 82 Street Address (P.O. Box Number is Not Acceptable) 83 235 LINCOLN ROAD, SUITE 207 84 City MIAMI BEACH FL 85 Zip Code 33139	
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, for 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 <i>Philippe Laurence Medell</i> DATE 4/22/98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <i>PRESIDENT / DIRECTOR</i> <input type="checkbox"/> DELETE NAME <i>PHILIPPE LAURENCE MEDELL</i> STREET ADDRESS <i>235 LINCOLN ROAD</i> 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 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 <i>PRESIDENT / DIRECTOR</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <i>PHILIPPE LAURENCE MEDELL</i> 1.3 STREET ADDRESS <i>235 LINCOLN ROAD, SUITE 207</i> 1.4 CITY-ST-ZIP <i>MIAMI BEACH, FL 33139</i> 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	

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 *Philippe Laurence Medell* DATE 4/22/98 305-534-4210

CR2E034 (10/97)