

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

CR2E034 (1/98)

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000053024

1. Corporation Name
THE CRB GROUP, INC.



Principal Place of Business
~~1221 BRICKELL AVE 24TH FL
MIAMI FL 33131~~

Mailing Address
~~1221 BRICKELL AVE 24TH FL
MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **2901 SW 8th ST**

26 **2901 SW 8th ST**

22 Suite, Apt. #, etc.
204

27 Suite, Apt. #, etc.
204

23 City & State
Miami, FL

28 City & State
Miami, FL

24 Zip **33135** 25 Country **USA**

29 Zip **33135** 30 Country **USA**

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESQ.
1221 BRICKELL AVE
MIAMI FL 33131**

81 Name

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

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, by 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, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D BOSCHETTI, JOSE R**
STREET ADDRESS **2901 SW 8TH ST, STE 204**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE DELETE

NAME **D CAYON, MAURICIO**
STREET ADDRESS **2901 SW 8TH ST, STE 204**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 of this filing, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 (305) 541 7150
Daytime Phone #