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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000083498

THE SELECT GROUP, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90017 009 ***150.00

Principal Place of Business Mailing Address 6003 N W 31ST AVENUE 6003 N W 31ST AVENUE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 3330					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed OURS 14009			7
Principal Place of Business 2a. Mailing Address					09/25/1998			4
21	26 Validity Address				4. FEI Number		pplied For	
Suite, Apt	#. etc.		Suite, Apt. #, etc.				ot Applicable	4
22	27	7,000.		5. Certifcate of Status Desired		Additional equired		
City & State		City & State		6. Election Campaign Financing		•	┨	
23		28	28		Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip Country		8. This corporation owes the current year Intangible			1	
24 25		29			Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		1
D.D.	MIOTON 1104 4		8	1 Name		-		1
BEVINGTON, LISA A				2 Street Add	from (D.O. Day Murchania Net Associable)			-
6003 N W 31ST AVENUE FORT LAUDERDALE FL 33309			"	L Olicel Add	ress (P.O. Box Number is Not Acceptable)			-
			8:	3				1
			84	4 City		85 Zip	Code	4
				1		FL		Į
Unice of t	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	i Fiorida. Such change was at	itnorizea p	/ the corporati	poration submits this statement for the purpoint's board of directors. I hereby accept the	se of changing its appointment as re	registered gistered]
SIGNATURE	Signature, typed or printed name of registered agent	- true de la companya						ĺ
12.	OFFICERS AND		13.	ent signature require	ad when reinstating) DA ADDITIONS/CHANGES TO OFFICER		DC (N) 40	√ é
TITLE	D	DELETE 1.1 TI			ADDITIONS/CHANGES TO OFFICE	CS AND DIRECTO	Addition	1 5
NAME	BEVINGTON, LISA A		1.2 NAME			Onlange		`
STREET ADDRESS			1.3 STREET ADDRESS			-		E03/
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	-	1.4 CITY-ST-ZIP					0
TITLE	D DELETE		2.1 TITLE	51-21		Change	Addition	1 5
NAME	CURBELO, JORGE		2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAURERDALE EL BROSS		2. 4 CITY- ST-ZIP					ł
TITLE	D DELETE		3.1 TITLE			☐ Change	Addition	ł
NAME	BACALLAO, ARNALDO		3.2 NAME			Onlango		İ
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	FORT I MIRE TO ALL THE TOTAL THE TOT		3.4. CITY-					1
TITLE	DELETE		4.1 TITLE			☐ Change	☐ Addition	1
NAME			4. 2 NAME					ļ
STREET ADDRESS			4.3 STREE	TADDRESS				ĺ
CITY-ST-ZIP			4.4 CITY-S					
TITLE			5.1 TITLE	_		☐ Change	Addition	
NAME			5.2 NAME					
. STREET ADDRESS	REET ADDRESS		5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZiP				
TITLE	☐ DELETE		6.1 TITLE			Change	Addition	ł
NAME			6.2 NAME				_ "	
STREET ADDRESS			6.3 STREE	T ADDRESS			ĺ	i
CITY-ST-ZIP			6.4 CITY-S	T- ZIP				1

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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

954-648-3068 Daytime Phone #