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 # P98000096766

1. Corporation Name

Wolf Real Estate Group, INC

Principal Place of Business	Mailing Address
2875 NE 191 Street Suite 500 Aventura, Fl 33180	

DO NOT WRITE IN THIS SPACE

3. Date Prepared For Qualified: 11/17/98

4. FEI Number: 65-0877468 — 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

2. Principal Place of Business	2a. Mailing Address
21 2875 NE 191 Street	26
22 Suite, Apt. #, etc. 500	27 Suite, Apt. #, etc.
23 City & State Aventura, Fl	28 City & State
24 Zip 33180 25 Country USA.	29 Zip 30 Country

9. Name and Address of Current Registered Agent

Filings, Inc.
3732 NW 16th Street
Fort Lauderdale, Fl 33311

10. Name and Address of New Registered Agent

81 Name: Jorge L. Wolf
82 Street Address (P.O. Box Number is Not Acceptable): 2875 NE 191 Street
83 Suite 500
84 City: Aventura FL 85 Zip Code: 33180

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. The party accepting the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 2/23/99
(Signature, typed or printed name of registered agent, and date of appointment) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Secretary	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	Enrique Wolf		12 NAME	
STREET ADDRESS	2110 Keystone Blvd		13 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33180		14 CITY-ST-ZIP	
TITLE		[ ] DELETE	21 TITLE	
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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CR2E034 (11/98)

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: [signature] President 2/25/99 (305)705-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)