

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S86861** (9)
1. Corporation Name
N. V. MARKETING GROUP, INC.

Principal Place of Business 1500 WEST SAMPLE ROAD SUITE 1140 POMPANO BEACH FL 33064 US	Mailing Address 1500 WEST SAMPLE ROAD SUITE 1140 POMPANO BEACH FL 33064-1418 US
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3. Date Incorporated or Qualified 10/11/1991	3a. Date of Last Report 02/06/1996
4. FEI Number 65-0289895	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1301 W. Copans Rd. Suite, Apt. #, etc. 22 Suite# H-1 City & State 23 Pompano Beach, FL Zip 24 33064 Country 25 USA	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent SERINO, PHILIP 3380 BEAURIVAGE DRIVE POMPANO BEACH FL 33064	10. Name and Address of New Registered Agent 81 Name Anthony P. Serino 82 Street Address (P.O. Box Number is Not Acceptable) 1301 W. Copans Road 83 Suite# H-1 84 City Pompano Beach FL 85 Zip Code 33064
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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  **Anthony P. Serino President** 02/28/97
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when retreating) DATE

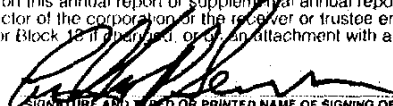
12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SERINO, ANTHONY	
STREET ADDRESS	1500 W SAMPLE RD #1140	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SERINO, PHILIP	
STREET ADDRESS	1500 W SAMPLE RD #1140	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SERINO, PHILIP	
STREET ADDRESS	1500 W SAMPLE #1140	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SERINO, ANTHONY P	
STREET ADDRESS	1500 W SAMPLE RD #1140	
CITY-ST-ZIP	POMPANO BCH FL	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anthony P. Serino	
1.3 STREET ADDRESS	1301 W. Copans Rd. #H-1	
1.4 CITY-ST-ZIP	Pompano Beach FL 33064	
2.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Philip Serino	
2.3 STREET ADDRESS	1301 W. Copans Rd. #H-1	
2.4 CITY-ST-ZIP	Pompano Beach FL 33064	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anthony P. Serino	
3.3 STREET ADDRESS	1301 W. Copans Rd. #H-1	
3.4 CITY-ST-ZIP	Pompano Beach FL 33064	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Anthony P. Serino	
4.3 STREET ADDRESS	1301 W. Copans Rd. #H-1	
4.4 CITY-ST-ZIP	Pompano Beach FL 33064	
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 do 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 as an attachment with an address.

SIGNATURE:  **Anthony P. Serino (President) 02/28/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0147978

CR2E034 (9/96)