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May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V41000 (3)</b> 1. Corporation Name <b>NEWPORT CONSULTING GROUP, INC.</b>			
Principal Place of Business <b>9700 SOUTH DIXIE HIGHWAY SUITE 670 MIAMI FL 33156 US</b>		Mailing Address <b>9700 SOUTH DIXIE HIGHWAY SUITE 670 MIAMI FL 33156-2800 US</b>	
<b>2. Principal Place of Business</b> 21 <b>9740 SW 72 Court</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami, Florida</b> Zip Country 24 <b>33156</b> 25 <b>Dade</b>		<b>2a. Mailing Address</b> 26 <b>9740 SW 72 Court</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami, Florida</b> Zip Country 29 <b>33156</b> 30 <b>Dade</b>	
<b>3. Date Incorporated or Qualified</b> <b>06/01/1992</b>		<b>3a. Date of Last Report</b> <b>07/18/1996</b>	
<b>4. FEI Number</b> <b>65-0324812</b>		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>POLLER, NEALE ESQ. 1221 BRICKELL AVE., 25TH FLOOR MIAMI FL 33131-3258</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name <b>Poller, Neale Esq.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>550 Biltmore Way</b> 83 <b>Suite 700</b> 84 City <b>Coral Gables</b> <b>FL</b> 85 Zip Code <b>33134</b>	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>			
11 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		



CR2E034 (9/96)

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Daytime Phone #

305-667-3305