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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V42301** **(4)**

1. Corporation Name

GROUP 4.3, INC.

Principal Place of Business	Mailing Address
2500 SW 107TH AVE SUITE 25 MIAMI FL 33165 US	2500 SW 107TH AVE SUITE 25 MIAMI FL 33165 US

2. Principal Place of Business	2a. Mailing Address
21 2500 SW 107TH AVE	26 2500 SW 107TH AVE
Suite, Apt. #, etc. 22 SUITE 20	Suite, Apt. #, etc. 27 SUITE 20
City & State 23 MIAMI FL	City & State 28 MIAMI, FL
Zip 24 33165 Country 25	Zip 29 33165 Country 30

3. Date Incorporated or Qualified: 06/09/1992
3a. Date of Last Report: 05/24/1995
4. FEI Number: 65-0342061 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ALVES, BELMIRO~~
~~2500 SW 107TH AVE SUITE 25~~
~~MIAMI FL 33165~~

10. Name and Address of New Registered Agent

81 Name: ALVES, BELMIRO
82 Street Address (P.O. Box Number is Not Acceptable): 2500 SW 107TH. AVE. SUITE 20
83
84 City: MIAMI FL 85 Zip Code: 33165

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~ALVES DE OLIVEIRA, BELMIRO~~ ~~2500 SW 107TH AVE SUITE 25~~ ~~MIAMI FL~~ ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ALVES DE OLIVEIRA BELMIRO 2500 SW 107TH. AVE. SUITE 20 MIAMI, FL 33165 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 05-28-96 (305)223-029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)