

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90149 034 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V52114**

1. Corporation Name
FSA GROUP, INC.



Principal Place of Business

Mailing Address

2999 NE 191ST ST.
 SUITE 709
 N MIAMI BEACH FL 33180

2999 NE 191ST ST.
 SUITE 709
 N MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1992

4. FEI Number
 65-0346032

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 7501 PEMBROKE RD.

26 7501 PEMBROKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
 PEMBROKE PINES, FL

27 City & State
 PEMBROKE PINES, FL

23 Zip
 33023

Country
 USA

29 Zip
 33023

Country
 USA

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

9. Name and Address of Current Registered Agent

SATZ, STEPHEN M.
 2999 NE 191ST ST
 SUITE 803
 MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 7501 PEMBROKE RD
 83
 84 City
 PEMBROKE PINES FL 85 Zip Code
 33023

In 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 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, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, type or printed name of registered agent and title if applicable

STEPHEN SATZ

4/26/99

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

VP	<input type="checkbox"/> DELETE
SATZ, STEPHEN	
610 OCEAN BLVD	
N. MIAMI BEACH FL 33160	
P	<input type="checkbox"/> DELETE
AVETRANI, JOSEPH	
11020 SW 142ND CT	
MIAMI FL 33186	
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2480 LINCOLN AVE
2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33023
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 SIGNATURE: [Signature] Joseph Avetrani

Date

Daytime Phone #

CR2E034 (1/98)