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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 425615 (2)

1. Corporation Name
LOAN & INVESTMENT, INC.

Principal Place of Business

201 SEVILLA AVE
STE 302
CORAL GABLES FL 33134
US

Mailing Address

201 SEVILLA AVE
STE 302
CORAL GABLES FL 33134-6616
US



3. Date Incorporated or Qualified 05/11/1973
3a. Date of Last Report 02/27/1996

4. FEI Number 59-1467356
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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA
830 INGRAHAM BLDG.
25 S.E. SECOND AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BUSTAMANTE, ALBERTO I | |
| STREET ADDRESS | 201 SEVILLA #302 | |
| CITY - ST - ZIP | CORAL GABLES FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | BUSTAMANTE, ANA L. | |
| STREET ADDRESS | 201 SEVILLA #302 | |
| CITY - ST - ZIP | CORAL GABLES FL | |
| TITLE | TAS | <input type="checkbox"/> DELETE |
| NAME | BUSTAMANTE, MARIA A. | |
| STREET ADDRESS | 201 SEVILLA #302 | |
| CITY - ST - ZIP | CORAL GABLES FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | BUSTAMANTE, ALBERTO C | |
| STREET ADDRESS | 201 SEVILLA AVE SUITE 302 | |
| CITY - ST - ZIP | CORAL GABLES FL | |
| TITLE | AT | <input type="checkbox"/> DELETE |
| NAME | BUSTAMANTE, GLADYS M | |
| STREET ADDRESS | 201 SEVILLA AVENUE | |
| CITY - ST - ZIP | CORAL GABLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 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 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, the registered agent, or the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

ALBERTO S. BUSTAMANTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97
Date

305-448-8811
Daytime Phone #

CR2E034 (9/96)