

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
MAY 12 1995

55 MAY 12 1995 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **426456** (0)

1. Corporation Name  
**AVANT INVESTMENTS INC**

Principal Place of Business: **PO BOX 5374 HIALEAH FL 33014**  
Mailing Address: **PO BOX 5374 HIALEAH FL 33014**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
22. State App # etc.		27. State App # etc.		05/22/1973	06/14/1994
23. City & State		28. City & State		4. FIC Number	Applied For / Not Applicable
24. City & State		29. City & State		59-1542906	
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
6. Election Campaign Finance or Trust Fund Contribution				\$5.00 May Be Added to Fees	
7. This corporation has not had an independent audit for the period...					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MENENDEZ, RAFAEL</b> <b>6197 NW 183 LANE</b> <b>MIAMI FL 33015</b>				81. Name			
				82. Street Address (P.O. Box Number or Not Applicable)			
				83. City			
				84. State	FL	85. Zip Code	

11. I, the undersigned, the principal officer of the corporation, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes, and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. AGENTS FOR SERVICE OF PROCESS																																																												
<table border="1"> <tr><td>NAME</td><td>S MENENDEZ, MELISSA</td></tr> <tr><td>STREET ADDRESS</td><td>6341 N.W. 190TH TERRACE</td></tr> <tr><td>CITY &amp; STATE</td><td>MIAMI FL</td></tr> <tr><td>NAME</td><td>P MENENDEZ, RAFAEL P.</td></tr> <tr><td>STREET ADDRESS</td><td>6197 NW 183 LANE</td></tr> <tr><td>CITY &amp; STATE</td><td>MIAMI FL</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY &amp; STATE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY &amp; STATE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY &amp; STATE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY &amp; STATE</td><td></td></tr> </table>	NAME	S MENENDEZ, MELISSA	STREET ADDRESS	6341 N.W. 190TH TERRACE	CITY & STATE	MIAMI FL	NAME	P MENENDEZ, RAFAEL P.	STREET ADDRESS	6197 NW 183 LANE	CITY & STATE	MIAMI FL	NAME		STREET ADDRESS		CITY & STATE		NAME		STREET ADDRESS		CITY & STATE		NAME		STREET ADDRESS		CITY & STATE		NAME		STREET ADDRESS		CITY & STATE		<table border="1"> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY &amp; STATE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY &amp; STATE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY &amp; STATE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY &amp; STATE</td><td></td></tr> </table>	NAME		STREET ADDRESS		CITY & STATE		NAME		STREET ADDRESS		CITY & STATE		NAME		STREET ADDRESS		CITY & STATE		NAME		STREET ADDRESS		CITY & STATE	
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14. I, the undersigned, certify that the information supplied with this filing is voluntary, truthful and correct, and that I am duly qualified to act as a principal officer of the corporation and that the corporation shall have this report filed with the Secretary of State. I understand that the corporation shall have this report filed with the Secretary of State. I understand that the corporation shall have this report filed with the Secretary of State.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95 308 266 7827