

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 426456 (0)
1. Corporation Name

AVANT INVESTMENTS INC



Principal Place of Business Mailing Address
PO BOX 5374 HALEAH FL 33014 PO BOX 5374 HALEAH FL 33014

3. Date Incorporated or Qualified 05/22/1973 3a. Date of Last Report 05/19/1995
4. FEI Number 59-1542906 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 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
MENENDEZ, RAFAEL
6197 NW 183 LANE
MIAMI FL 33015

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 _____ DATE _____
Signature typed or printed in block of registered agent and office if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS
TITLE S DELETE
NAME MENENDEZ, MELISSA
STREET ADDRESS 6341 N.W. 190TH TERRACE
CITY-ST-ZIP MIAMI FL
TITLE P DELETE
NAME MENENDEZ, RAFAEL P.
STREET ADDRESS 6197 NW 183 LANE
CITY-ST-ZIP MIAMI FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP Change Addition
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP Change Addition
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP Change Addition
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP Change Addition
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP Change Addition
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: 6-10-96 305-266-7827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR City Daytime Phone

CR2E034 (3/96)