• **FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
Jan 29 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 # **G45668** **(2)**

1. Corporation Name
INVESTICO CORPORATION

Principal Place of Business	Mailing Address
C/O SAN DIEGO ASSOCIATES 501 BRICKELL KEY DRIVE #202 MIAMI FL 33131	C/O SAN DIEGO ASSOCIATES 501 BRICKELL KEY DRIVE #202 MIAMI FL 33131-2606

3. Date Incorporated or Qualified: 06/16/1983
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business
21: C/O SAN DIEGO ASSOCIATES, INC.
Suite, Apt. #, etc.
22: 1627 BRICKELL AVE. #2207
City & State
23: MIAMI FL
Zip
24: 33129
Country
25: USA

2a. Mailing Address
26: C/O SAN DIEGO ASSOCIATES, INC.
Suite, Apt. #, etc.
27: 1627 BRICKELL AVE. #2207
City & State
28: MIAMI FL
Zip
29: 33129
Country
30: USA.

4. FEI Number: 13-3205482 ☐ 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

VALDES-FAULI COBB BISCHOFF & KRISS PA
STE 3400 ONE BISCAYNE TOWER
2 S BISCAYNE BLVD
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 _____ (NOTE: New Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GORRONDONA, GONZALEZ JJ		1.2 NAME		
STREET ADDRESS	21 EDGEWOOD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRONXVILLE NY		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	WENZEL, GUILLERMO		2.2 NAME	WENZEL, GUILLERMO	
STREET ADDRESS	848 BRICKELL AVE #1120		2.3 STREET ADDRESS	1627 BRICKELL AVE, #2207	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL. 33129	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: X G.A. WENZEL JAN 21/97