

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

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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
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DOCUMENT # **G45668**

(2)

1. Corporation Name

INVESTICO CORPORATION

Principal Place of Business

**C/O SAN DIEGO ASSOCIATES
601 BRICKELL KEY DRIVE #202
MIAMI FL 33131**

Mailing Address

**C/O SAN DIEGO ASSOCIATES
501 BRICKELL KEY DRIVE #202
MIAMI FL 33131-2808**



2. Principal Place of Business	2a. Mailing Address
21 1627 SAN DIEGO ASSOCIATES, INC.	26 1627 SAN DIEGO ASSOCIATES, INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1627 BRICKELL AVE. #202	27 1627 BRICKELL AVE. #202
City & State	City & State
23 MIAMI FL	28 MIAMI FL
Zip	Zip
24 33129	29 33129
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified 06/16/1983	3a. Date of Last Report 03/21/1996
4. FLL 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 the corporation

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

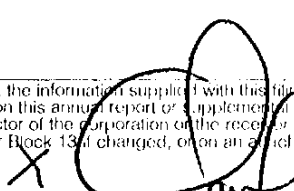
TITLE	DP	☐ DELETE
NAME	GORRONDONA, GONZALEZ JJ	
STREET ADDRESS	21 EDGEWOOD LANE	
CITY-ST-ZIP	BRONXVILLE NY	
TITLE	DVP	☐ DELETE
NAME	WENZEL, GUILLERMO	
STREET ADDRESS	848 BRICKELL AVE #1120	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	DVP
2.3 STREET ADDRESS	WENZEL, GUILLERMO
2.4 CITY-ST-ZIP	1627 BRICKELL AVE. #202
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	MIAMI FL. 33129
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 supplement to 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 and changed, or on an attachment with an address.

SIGNATURE:

 **G.A. WENZEL**

JAN 21/97

CR2E034 (9/96)