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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

121

	VESTMENTS, INC.							
Principal Place of Business Mailing Address						1 10010111 081 11010 10110 0111 0111 01	71211 A1611 B1011 910	
601 BRICKELI	l key drive		601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131					
SUITE 805 MAAMI FL 331	31					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		·
			_			_04/01/1988		
	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0117440		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	T	Additional
City & State		City & State						equired
City & State	e	<u> </u>				6. Election Campaign Financing Trust Fund Contribution	, .	May Be
Zip	Country	ZIP	Car	ntry		Trust Fund Contribution 8. This corporation owes or has paid the		to Fees
4	25	29	30			Personal Property Tax due June 30.		No
	9. Name and Address of Curre		1991	_		10. Name and Address of New Register		
∆1 I	LEN & GALEGO			81	Name			
601 BRICKELL KEY DRIVE SUITE 805				82	Chron A 1	dropp (P.O. Poy Niverbasia N. A.		
				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131				83				
				-	-		- 12-1 3	
				84	City	F	EL 85 Zip	Code
agent. I ai SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the obli-	gations of Section 607 0505,	, Florida Stat	aetu		rporation submits this statement for the purposation's board of directors. I hereby accept the		registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PST DEL		111	TLE	ļ		Change	Addition
MACHADO, M.			121		ł			
STREET ADDRESS	2801 PONCE DE LEON BLV	D., SUITE 850			ACDRESS			
CITY-ST-ZIP				1.4 CITY - ST - ZIP 2.1 TITLE			Change	Addition
TITLE	allen, robert n jr				}		Change	Aggillor
NAME Street address	601 BRICKELL KEY DRIVE	CHITE ONE	22M		ADDRECC			
	MIAMI FL 33131	SUITE 605		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
CITY-ST-ZIP	MID-MI FE 33 [3]	DELETE	31 TI		1 - ZIP		Change	Addition
NAME			3.2 N/		1			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4 0		[
TITLE		DELETE	4.1 11				Change	Addition
NAME			4 2 N	AME	J		·	
STREET ADDRESS			4 3 ST	REET A	ADDRESS			
CITY-ST-ZIP_			4 4 C)	TY-ST	r - ZIP		_	
FITLE		DELETE	5171	TLE			Change	Add tion
NAME			5.2 NA	ME	}			
STREET ADDRESS			5 3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 01		r - ZIP			
TITLE		☐ DELETE	6.1 TI	TLE			Change	Addition
NAME			6.2 N/	AME				
STREET ADDRESS			5350	REET	SZARDCA			
CITY - ST - ZIP			6.4 CI					
14. I hereby of indicated officer or of	certify that the information supplied on this annual report or supplied director of the corporation or the re- or Block 13 if changed, or on an att	tal arinual report is true and	fy for the exe	empt	ion stated in	n Section 119.07(3)(i), Florida Statutes. I furthe ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and th	r certify that the under oath; the lat my name ap	inform at Lam pears

RE AND LYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT N. ALLEN