

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

**APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



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

95 APR 20 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K43675** (3)

1. Corporation Name
1044 INVESTMENTS, INC.

Principal Place of Business 1428 BRICKELL AVENUE SUITE 208 MIAMI FL 33131 US	Mailing Address 1428 BRICKELL AVENUE SUITE 208 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/07/1988	3a. Date of Last Report 06/17/1994
4. FEI Number 65-0106304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent TRELLES, ALBERTO N. 9100 S. DADELAND BLVD #1418 MIAMI FL 33156 <i>999 PONCE DE LEON BLVD #1000 CORAL GABLES, FL. 33134</i>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAVE, ADOLFO	1.2 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	1.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAVE, ADOLFO	2.2 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAVE, ADOLFO	3.2 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAVE, ANTONIO	4.2 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	4.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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14. I do hereby certify that the information supplied with this report 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, and that I am 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 of this change, or on the statement with an attorney.

SIGNATURE: _____ DATE: **4/7/95 (205) ddt-ctb 68**

**POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENTS**

That I, Adolfo Malave, as President for 1044 INVESTMENTS, INC. have made, constituted and appointed, and by these presents does make, constitute and appoint ALBERTO N. TRELLES true and lawful attorney for them and in their name, place and stead:

TO EXECUTE ANY AND ALL DOCUMENTS REQUIRED IN ORDER TO COMPLY WITH THE CORPORATION ANNUAL REPORT.

giving and granting unto ALBERTO N. TRELLES said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that ALBERTO N. TRELLES said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, We have hereunto set our hands and seals the 7th day of April, 1995.

Sealed and delivered in the presence of

Susan Williams
Gregory Rose

[Signature]
By: _____

State of Florida
County of Dade

Be It Known, That on the 7th day of April, 1995, before me, Margely Rosa a
NOTARY PUBLIC in and for the State of Florida duly commissioned and sworn,
dwelling in the City of Miami, County of Dade, personally came and appeared
Adolfo Malave as President of 1044-INV to me personally known, and
known to me to be the same persons described in and who executed the within power of
attorney, and acknowledged the within power of attorney to be the act and deed.

In Testimony Whereof, I have hereunto subscribed my name and affixed my seal
of _____ day and year last above written.