

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **11/07/1988**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **65-0106304**
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. 199.039, Florida Statutes: Yes No

2. Principal Place of Business: [21] [22] [23] [24] [25]
2a. Mailing Address: [26] [27] [28] [29] [30]

9. Name and Address of Current Registered Agent
**TRELLES, ALBERTO N.
999 PONCE DE LEON BLVD.
~~1044 INVESTMENTS, INC. - SUITE 1150~~
CORAL GABLES FL 33134**

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**

11. Pursuant to the provisions of Sections 607.0507 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 607.0506, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MALAVE, ADOLFO	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALAVE, ADOLFO	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	
CITY- ST- ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MALAVE, ADOLFO	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALAVE, ANTONIO	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the protection stated in Section 119.07(3)(g), Florida Statutes. If further certified that the information indicated on this report or Supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if a legal oath, that I am an officer or director of the corporation or the receiver or trustee empowered to file this report under Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: *Alberto N. Trelles* **ALBERTO N. TRELLES, A TORRENTY, IN FACT 4/20/96 (905) 445-4668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

CS 5/1/96