

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

**"AMENDED" AND FILED**

1997 OCT -9 PM 2: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **KU3675**  
1. Corporation Name  
**1044 INVESTMENTS, INC.**

Principal Place of Business  
**1110 BRUCKELL AVE  
SUITE 502  
MIAMI, FL. 33131**

Mailing Address  
**SAME**

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**11/07/1988**

3a. Date of Last Report

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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TRELLS, ALBERTO N.  
815 PONCE DE LEON BLVD.  
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 **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **P VP T D**  DELETE

NAME **MALAVE, ADOLFO**

STREET ADDRESS **1428 BRUCKELL AVE**

CITY-ST-ZIP **MIAMI, FL. 33131**

TITLE **D**  DELETE

NAME **MALAVE ANTONIO**

STREET ADDRESS **1428 BRUCKELL AVE S-208**

CITY-ST-ZIP **MIAMI, FL. 33131**

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 **P VP T S**  Change  Addition

1.2 NAME **MALAVE, ARTURO**

1.3 STREET ADDRESS **1110 BRUCKELL AVE STE 502**

1.4 CITY-ST-ZIP **MIAMI, FL. 33131**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS **1110 BRUCKELL AVE S-502**

2.4 CITY-ST-ZIP **MIAMI, FL. 33131**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

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 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: **ARTURO MALAVE** 10/6/97 (905) 445-4668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)