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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1	1996	DIVISION OF	CORPORATIONS			
DOCUN 1. Corporation	MENT # P9300	0038510 (2	2)			
	INVESTMENTS CORP.	·				
Principal Place	of Business	Mailing Address			TE MPTET MBSDÅ TOTAL FA	
2665 S BAYSHORE DR		2665 S BAYSHORE DR				
SUITE 902 MIAMI FL 33	1199	SUITE 902 Miami Fl 33133				
US		US		3. Date Incorporated or Qualified 05/27/1993	3a. Date of La 05/0	ast Report 1/1995
. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number		Applied For
1		26		85-0450212		Not Applicable
Suite, Apt #	, etc.	Suite Apt. #, etc		5. Certificate of Status Desired	1 1 '	3.75 Additional Fee Required
Orty & State		Oily & State		Flection Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zφ	Country	Ziķi	Country	8. This corporation has liability for i		der s. 199.032,
<u>.</u>	25 9. Name and Address of Curren	29	[30]	<u> </u>	No No	
	9. Maine and Address of Curren	r negistered Agent	81 Name	10. Name and Address of New R	eyistered Agen	
ORTIZ	MICHAEL					
	D. BAYSHORE DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptab	·lo)	
STE 902			83		,	
	- L 33133		84 City			T 7- 0-1-
			84 City		FL 85	Zip Code
SIGNATURE:	n, and accept the obligations of, Sections of Sections of Sections of representative of the section of the sect	acotto tapplicase (4)	Ms. Facy demol Agent sopration records		DATE	
2 . TLF	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
AME	QUINTERO, CARLOS Y	<u></u>	1.2 NAME			1490 🚨
FREET ADDRESS	6942 NW 50TH STREET		1 3 STREET ADDRESS			
1Y - S1 - ZIP	MIAMI FL		*.4 CITY - ST - 7IP			
TLE	DV	☐ DELETE	2 1 Tift!		Ch	ange Addition
AME	QUINTERO, ANDRES YIDI		2.2 NAME			
THEET ADDRESS	6942 N.W. 50TH STREET		2.3 STREET ADDRESS			
TY - ST - 7-P	MIAMI FL		2 4 CITY - ST - ZIP			
ITLE	DPS	☐ DELETE	3 1 101.1		☐ Ch	ange
AME	QUINTERO, WILLIAM YIDI		3.2 NAME			
IREET ADDRESS ITY-S1-7IP	6942 N.W. 501H STREET MIAMI FL		3.3 SFREET ADDRESS			
114-57-71P		DELETE	3.4 C TY - ST - Z P 4. 1 TILLE		☐ Ch	ange 🔲 Addition
AME			4.2 NAME			- -
TREET ADDRESS			4.3 STREET ADDRESS			
ITY - ST - ZIP			4.4 CITY - ST- ZIP			
ITLE	The second secon	☐ DELETE	5 1 TITLE		☐ Ch	ange Addition
IAME			5.2 NAME			
TREE1 ADDRESS			5.3 STREET ADDRESS			
HTY-ST-ZIP	PRESENTE A CONTRACTOR	FT DELETE	5.4 CHY+ST-ZIP			
ITLE		☐ DETELE	6 1 THE		☐ Ch	ange
IAME TREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
ITY - ST - ZIP		•	6.4 CITY - ST - ZIP			
ariti Str ZIF	·		■ 04 CHT-ST-ZIF			

14. I do hereby certify that the information supplied with this filing 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 ceth, 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 aridness

SIGNATURE:

SIGNATURE:

SIGNATURE TO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Control of the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated in