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

Mailing Address

260 CRANDON BLVD SUITE 32-245

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

151 CRANDON BLVD

SUITE 336



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000059004 (0)

AEGIS INVESTMENT MANAGEMENT COMPANY

KEY BISCAYNE FL 33149-1536 KEY BISCAYNE FL 33149 3a. Date of Last Report 3. Date Incorporated or Qualified 04/26/1996 08/18/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 260 CRANDON BLUD. 65-0477701 Not Applicable 26 Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired SUITE 32-245 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing KET BISCAYNE 28 Trust Fund Contribution Added to Fees Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, USA Yes X No 25 29 30 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OPPENHEIM. STEVEN P TERRABANL BUILDING Street Address (P.O. Box Number is Not Acceptable) 82 3191 CORAL WAY SUITE 800 83 MIAM! FL 33145 City Zip Code 85 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 Signature, typica or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. 96/6) DPST DELETE ☐ Change Addition TITLE 1.1 TITLE LAHENEY, GERARD P. NAME 1.2 NAME 151 CRANDON BLVD AUITE 328 1.3 STREET ADDRESS STREET ADORESS KEY BISCAYNE FL 1.4 CITY - ST-ZIP DITY-ST-ZiF DELETE Change Addition THE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY: ST: ZiE DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-\$1-20 DELETE 4.1 TITLE ☐ Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP C-TY - ST - ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAM: 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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

FILED Apr 18 1997 8:00am Secretary of State

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