

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

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**Mar 24 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P94000023214 (7)**  
1. Corporation Name  
**12727 INVESTMENT CORP.**



Principal Place of Business: **12727 BISCAYNE BLVD. N. MIAMI FL 33181**  
Mailing Address: **12727 BISCAYNE BLVD. N. MIAMI FL 33181-2003**

|                                |                         |  |  |
|--------------------------------|-------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br><b>03/25/1994</b>   | 3a. Date of Last Report<br><b>03/01/1996</b>           |
| 21. State, Apt. #, etc.        | 26. State, Apt. #, etc. | 4. FEI Number<br><b>65-0510902</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 24. Country                    | 29. Country             | 30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

**9. Name and Address of Current Registered Agent**  
**ALVAREZ, JORGE A.  
12727 BISCAYNE BLVD  
N MIAMI FL 33181**

**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   |

11. Pursuant to the provisions of Sections 607.0609 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 607.0605, Florida Statutes.

| SIGNATURE                  |  | DATE                |      |
|----------------------------|--|---------------------|------|
| 12. OFFICERS AND DIRECTORS |  |                     |      |
| TITLE                      | NAME   | TITLE               | NAME |
|                            | <b>PVD<br/>ALVAREZ, JORGE A<br/>12727 BISCAYNE BLVD.<br/>N. MIAMI FL 33181</b> | 1.1 TITLE           |      |
|                            |  | 1.2 NAME            |      |
|                            |  | 1.3 STREET ADDRESS  |      |
|                            |  | 1.4 CITY - ST - ZIP |      |
|                            |  | 2.1 TITLE           |      |
|                            |  | 2.2 NAME            |      |
|                            |  | 2.3 STREET ADDRESS  |      |
|                            |  | 2.4 CITY - ST - ZIP |      |
|                            |  | 3.1 TITLE           |      |
|                            |  | 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           |      |
|                            |  | 5.2 NAME            |      |
|                            |  | 5.3 STREET ADDRESS  |      |
|                            |  | 5.4 CITY - ST - ZIP |      |
|                            |  | 6.1 TITLE           |      |
|                            |  | 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 included 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 this 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 of this report, or on an attachment with an address.

**SIGNATURE:** *Jorge A. Alvarez* **JORGE A. ALVAREZ** 2/13/97 899-9069  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)