

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

FILED
Apr 16 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 # P95000005236 (1)

1. Corporation Name
HYBRID INVESTMENT CORP.



Principal Place of Business Mailing Address
C/O OLUWOLE ALLE 1940 N.W. 119TH STREET, # 822 MIAMI FL 33167
C/O OLUWOLE ALLE 1940 N.W. 119TH STREET, # 822 MIAMI FL 33167-2735

3. Date Incorporated or Qualified **01/17/1995** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **65-0553639** Applied For Not Applicable
 6. 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
AKPODIETE, ALEXANDER O
44 W. FLAGLER STREET
SUITE 2050
MIAMI FL 33130

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	AJAGBE, AUGUSTINE O	
STREET ADDRESS	9505 S.W. 136TH ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	ALLE, OLUWOLE	
STREET ADDRESS	1940 N.W. 119TH ST., # 822	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	KASHIMAWO, LUTI	
STREET ADDRESS	6004 N.E. 9RD AVE, APT. 8655 SW. 152ND AVE	UNIT MIAMI, FL 33193
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	OJO, MATTHEW	
STREET ADDRESS	11386 SW 3RD ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D/T	<input type="checkbox"/> DELETE
NAME	KOLAPO, LARRY	
STREET ADDRESS	1031 NW 202 ST.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADENUGA, LAWRENCE A	
STREET ADDRESS	34 N.W. 85TH ST. 15434 SW 146 TH ST	
CITY-ST-ZIP	MIAMI SHORES FL 33150 MIAMI FL 33194	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Emmanuel Onabanjo
4.3 STREET ADDRESS	4120 NW, 186 street
4.4 CITY-ST-ZIP	Miami, Florida 33055
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: SIGNATURE REQUIRED *[Signature]* 2/1/97 (305)770-4441

CR2E034 (9/96)