


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

FILED

Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000006847  
1. Corporation Name  
FAST Investments Corp

Principal Place of Business Mailing Address  
150 N.W. 176 Street  
BAY DRIVE  
NORTH MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1160 NW 163 DR Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33169	2a. Mailing Address 26 1160 NW 163 DR Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33169	3. Date Incorporated or Qualified 1/18/96	4. FEI Number 65-0630409 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

ALBERT MOLINA  
150 NW 176 ST  
BAY DRIVE  
N. MIAMI, FL 33169

10. Name and Address of New Registered Agent

81 Name ALBERT MOLINA  
82 Street Address (P.O. Box Number is Not Acceptable)  
1160 NW 163 DR  
83  
84 City MIAMI FL 85 Zip Code 33169

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT MOLINA	1.2 NAME	
STREET ADDRESS	1160 NW 163 DR MIAMI FL 33169	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL SLATION	2.2 NAME	
STREET ADDRESS	1160 NW 163 DR MIAMI, FL 33169	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE SANDS	3.2 NAME	
STREET ADDRESS	1160 NW 163 DR MIAMI, FL 33169	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	700002447027
STREET ADDRESS		5.3 STREET ADDRESS	-03/04/98--01035--036
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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:  ALBERT MOLINA ~1/26/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/97)