**PROFIT** CORPORATION ANNUAL-REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000061759

A D F INVESTMENT, CORP.

**FILED** May 06, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address 2121 PONCE DE LEON BLVD STE 820 2121 PONCE DE LEON BLVD STE 920 CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/14/1998 2. Principal Place of Business 2a. Mailing Address Applied For D8520 2500 worden 20 Not Applicable \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing\_ \$5.00 May Be ... -Added to Fees 28 Trust Fund Contribution 23 Country This corporation owes the current year intangible Ζiρ ΠNo Personal Property Tax. ☐ Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ARVESU, MANUEL M Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD STE 920 **CORAL GABLES FL 33134** 83 City 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 alguature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TATLE TITLE RESTREPO, NORMA 1.2 NAME NAME 2500 WESTON ROAD STE 103 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33331 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-51-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change ☐ Addition DELETE, -4.1 TITLE MILÉ": 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE IIII E 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cettly 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, with all other like empowered.

SIGNATURE:

CITY-ST-77P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR