

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S29140 (8)**

1. Corporation Name  
**FEMAR INVESTMENTS, INC.**



Principal Place of Business: **200 S BISCAYNE BLVD SUITE 4950 SOUTHEAST FINANCIAL CENTER MIAMI FL 33131**  
Mailing Address: **200 S BISCAYNE BLVD SUITE 4950 SOUTHEAST FINANCIAL CENTER MIAMI FL 33131**

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

3. Date Incorporated or Qualified: **01/30/1991** 3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **65-0255207** Applied For:  Not Applicable  
5. 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

9. Name and Address of Current Registered Agent

**CHOPP, HAROLD  
200 S BISCAYNE BLVD SUITE 4950  
SOUTHEAST FINANCIAL CENTER  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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 type (to print on line of registered agent and for applicable) (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS  
 1. TITLE:  DELETE  
 NAME: **PD REYLER, DORA D**  
 STREET ADDRESS: **#4950, 200 S BISCAYNE BL**  
 CITY, ST, ZIP: **MIAMI FL**  
 2. TITLE:  DELETE  
 NAME: **VD KERBEL, FANNY A**  
 STREET ADDRESS: **#4950, 200 S BISCAYNE BL**  
 CITY, ST, ZIP: **MIAMI FL**  
 3. TITLE:  DELETE  
 NAME: **SD REYLER, DORA D**  
 STREET ADDRESS: **#4950, 200 S BISCAYNE BL**  
 CITY, ST, ZIP: **MIAMI FL**  
 4. TITLE:  DELETE  
 NAME: **TD KERBEL, MARCOS A**  
 STREET ADDRESS: **#4950, 200 S BISCAYNE BL**  
 CITY, ST, ZIP: **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE:  Change  Addition  
 1.2 NAME:  
 1.3 STREET ADDRESS:  
 1.4 CITY - ST - ZIP:  
 2.1 TITLE:  Change  Addition  
 2.2 NAME:  
 2.3 STREET ADDRESS:  
 2.4 CITY - ST - ZIP:  
 3.1 TITLE:  Change  Addition  
 3.2 NAME:  
 3.3 STREET ADDRESS:  
 3.4 CITY - ST - ZIP:  
 4.1 TITLE:  Change  Addition  
 4.2 NAME:  
 4.3 STREET ADDRESS:  
 4.4 CITY - ST - ZIP:  
 5.1 TITLE:  Change  Addition  
 5.2 NAME:  
 5.3 STREET ADDRESS:  
 5.4 CITY - ST - ZIP:  
 6.1 TITLE:  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dora D Reyley* **REYLER, DORA D**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 305-371-2212  
Date: Date System Phone #

CR2E034 (12/95)