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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000081130 (3) DOCUMENT #

A 300 INVESTORS, INC.

FILED Jan 30 1998 8:00am Secretary of State



Principal Place of Business 9552 N.W. 38TH STREET MIAMI FL 33178			102 SUI WA	Mailing Address 1023 15TH STREET NW SUITE 1100 WASHINGTON DC 20005 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
9 Principal Pla	ace of Busine	.00	2a. Mailing Address					10/18/1995 4. FEI Number Applied For	
2. Principal Place of Business			26					65-0623885 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	
22			27					Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Country		Zip Country				This corporation owes or has paid the current year Intangible	
24				30				Personal Property Tax due June 30. 🔀 Yes 🔲 No	
9. Name and Address of Current Registered Agent							A 1	10. Name and Address of New Registered Agent	
HOCKMAN, PETER M						81 Name			
633 NORTH KROME AVE. HOMESTEAD FL 33030						82	Street Ad	et Address (P.O. Box Number is Not Acceptable)	
1101	MEGIERDI	L 00000				83			
						84	City	■ 85 Zip Code	
							•	FL `	
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 Stonature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name of registered agent and title if applicable (NOTE: 12. OFFICERS AND DIRECTORS						13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	U			DELETE	1.1 TO	11.8		Change Addition	
NAME	BRYAN, J		1.2 N			1			
STREET ADDRESS 4485 NW 93RD DORAL COUR				CIRCLE 1.3 S			ADDRESS		
CITY-ST-ZIP	MIAMI FL				_	TY - S	T - ZIP		
TITLE	D SIEDEITZ	CN		☐ DELETE	2.1 1			Change Addition	
NAME	SIEDEITZ, C.N. 1023 15TH STREET NW SUITE WASHINGTON DC			1100		AME			
STREET ADDRESS						2.3 STREET ADDRES 2. 4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE				DELETE	3.1 Ti		11-ZIF	☐ Change ☐ Addition	
NAME					3.2 N				
STREET ADDRESS					3.3 S	FREET	ADDRESS		
CITY-ST-ZIP					3.4. 0	ITY - S	T-ZIP		
TITLE				DELETE	4.1 10	1LE		Change Addition	
NAME					4.2 N	AME	1		
STREET ADDRESS					4.3 S	REET	ADDRESS		
CITY-ST-ZIP				T Apress		TY - 5'	T-ZIP	Observe T Addition	
TITLE				☐ DELETE	5.1 Ti		1	Change Addition	
NAME					5.2 N		1DDD500		
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP TITLE	· - · · · ·			DELETE	5.4 CI 6.1 Ti		1 - 2117	Change Addition	
NAME				bearing	6.2 N			- Vinings - Land Habitan	
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP			,		6.4 CI				
14. I hereby c	ertify that the	information supplier wi	th this fili	ng does not qualify fo				in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

toes not quality for the earlighted states in section 1997 (struce and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual repor