

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

FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 239859 (2)
1. Corporation Name
FIDELITY INVESTMENT CORPORATION

Principal Place of Business
845 NE 116 STREET
MIAMI FL 33161

Mailing Address
845 NE 116 STREET
MIAMI FL 33161-6331



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1960		3a. Date of Last Report 08/23/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-0847853		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPIEGELMAN, ROBERT I. 19 WEST FLAGLER ST, RM 518 MIAMI FL 33130				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GERSTEN, FRANCES J	1.2 NAME	
STREET ADDRESS	845 NE 116 STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 00000	1.4 CITY- ST- ZIP	
TITLE	TSD	2.1 TITLE	T/S/D
NAME	GERSTON, JUDITH	2.2 NAME	Judith L. Gersten
STREET ADDRESS	1050 SPRING GARDEN RD	2.3 STREET ADDRESS	1801 Coral Way, Ste 212
CITY- ST- ZIP	MIAMI FL 33136	2.4 CITY- ST- ZIP	Miami, FL 33145
TITLE	D	3.1 TITLE	D
NAME	GERSTON, SHERRI	3.2 NAME	Sherri Gersten
STREET ADDRESS	3 ISLAND AVENUE, #7-G	3.3 STREET ADDRESS	3 Island Ave., # 7-G
CITY- ST- ZIP	MIAMI BEACH FL 33137	3.4 CITY- ST- ZIP	Miami Beach, FL 33145
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 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: *Frances J. Gersten* 3-5-97 (305) 893-5984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)