SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

492210

(0)

Principal Plac	ATIONAL INVESTORS REAL	Mailing Address				
330 S.W. 27TH AVE. 330 S.W. 27TH AVE. SUIET 408 SUITE 408 MIAMI FL 33135 MIAMI FL 33135					DO NOT WRIT	E IN THIS SPACE
US		U\$ 			3. Date Incorporated or Qualified 12/08/1975	
2. Principal Place of Business		2a. Malling Address	¬ •		4. FEI Number	Applied For
Sulte, Apt. #, etc.		26			59-1690881	Not Applicable
22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	⊢ ¬ ′		6. Election Campaign Financing	\$5.00 May Be
Zip Country		28	Zip Country		Trust Fund Contribution	Added to Fees
24	25	29	30		8. This corporation owes or has pa Personal Property Tax due June	
	9. Name and Address of Curre		1001		10. Name and Address of New Re	
	ZE, ENRIQUE R S.W. 27TH AVE.		81	Name		
	TE 408		82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)
	MI FL 3 3135		83			
			84	City		FL 85 Zip Code
Office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a gations of, section 607.0505, Florida.	orida Statutes	the corporatio	ation submits this statement for the pur n's board of directors. I hereby accept red when reinstating)	the appointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	Ρ	DELETE	1.1 TITLE			Change Addition
NAME	ARTZE, ENRIQUE R.		1.2 NAME			
STREET ADDRESS	330 S.W. 27TH AVE., SUITE 4	08	1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-	ZIP	. <u></u>	
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET A			
CITY-ST-ZIP TITLE		T DECETE	2.4 CITY-ST-	292		
NAME		☐ DELETE	3.2 NAME			L Change L Addition
STREET ADORESS			3.3 STREET A	ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			Change Action
STREET ADDRESS			4.3 STREET A	ODRES\$		
CITY-ST-ZIP			4.4 CITY-ST-	ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			-
STREET ADDRESS			5.3 STREET A	DDRESS		
CITY-ST-ZIP			5.4 CITY-ST-2	ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A			
CITY-ST-ZIP [6.4 CITY-ST-2	7ID I		

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 of trustee/impowered 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 avacament with ayaddress.

;R2E034 (5/98)

FILED

Jul 08 1998 8:00am

Secretary of State