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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

**FILED** May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 508622 (8) FOREIGN INVESTMENTS CONSULTANTS CORPORATION Principal Place of Business Mailing Address 300 SEVILLA AVENUE 300 SEVILLA AVENUE SUITE 301 SUITE 301 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 06/09/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1672956 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CASTRO, CARLOS ALBERTO 1001 SOUTH BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) 24TH FLOOR WEST, BAYSHORE DRIVE 83 **MIAMI FL 33131** 84 City Zip Code 85 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 signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition CASTRO, GAUDENCIO E. NAME 1.2 NAME CR2E034 844 MALAGA 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition CASTRO, GAUDENCIO, JR. NAME 2.2 NAME 731 SANTURCE AVE. STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE 3 1 TITLE Change Addition TITLE **CURBELO. ROBERTO** NAME 3.2 NAME 300 SEVILLA STREET ADDRESS 3.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE CASTRO, CARLOS ALBERTO 4. 2 NAME 1001 S. BAYSHORE DR. STREET ADDRESS 4.3 STREET ADDRESS MIAM! FL CITY-SY-ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 51 TITLE CASTRO, JOSE L. NAME 5.2 NAME 1531 CONSOLATA AVE. STREET ADDRESS 5.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 54 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE

6.2 NAME

**5.3 STREET ADDRESS** 

14. Thereby 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 or an address.