

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 540593
1. Corporation Name
SIGNATURE INVESTMENTS CORPORATION

Principal Place of Business	Mailing Address
8000 SW 8TH ST. 815 NW 57 AVE SUITE 207 suite 429 MIAMI FL 33135 miami, FL 33126	8000 SW 8TH ST. 8960 SW 118 ST SUITE 207 MIAMI FL 33176 MIAMI FL 33135-4133



2. Principal Place of Business		2a. Mailing Address	
21	815 N.W. 57 Ave	26	896 S.W. 118 St
	Suite, Apt #, etc.		Suite, Apt #, etc.
22	Suite 429	27	Miami, FLA
	City & State		City & State
23	Miami, FLA	28	
	Zip		Zip
24	33126	29	33176
	Country		Country
25	U.S.	30	U.S.

3. Date Incorporated or Qualified 06/15/1977		3a. Date of Last Report 01/25/1996	
4. FEI Number 59-1751484		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			
10. Name and Address of New Registered Agent			

ARANGO, ESTHER I.
9003-GW 8TH ST.
SUITE 207
MIAMI FL 33135

81 Name **SAMF**
82 Street Address (P.O. Box Number is Not Acceptable) **815 NW 57 Ave**
83 **SUITE 429**
84 City **MIAMI** FL 85 Zip Code **33126**

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 _____ (Name of the person authorized to receive your child for pickup) (Date) _____ (Date)

12. OFFICERS AND DIRECTORS

(f)(1)(i) Hospitalized Adult Supervisors (Required when available)

【例11】

12. _____ OFFICERS AND DIRECTORS		☐ DEPT
TITLE	PSD	
NAME	ARANGO, ESTHER	
STREET ADDRESS	8980 S.W. 118TH ST.	
CITY, ST, ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change	☐ Addition
13.0001			

CITY - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

217911		☐ Change	☐ Add-on
--------	--	---------------------------------	---------------------------------

TITLE	☐ DIRECTOR
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3.1 TIME ☐ Change ☐ Addition

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

44 TITLE ☐ Change ☐ Addition

TITLE	☐ DISTRICT
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5:17:11 Change Addition

TITLE	DATE	TIME	BY
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

611011 ☐ Change ☐ Addition

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 16 of the report, or on an attachment with an address.

SIGNATURE: [Signature] James 23/1997

CR2E034 (9/96)