

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 02, 1996 08:00 AM
Secretary of State

DOCUMENT # **565610** (3)

1. Corporation Name:

INVESTACORP INC.

Principal Place of Business

**15450 NEW BARN ROAD
MIAMI LAKES FL 33014**

Mailing Address

**15450 NEW BARN ROAD
MIAMI LAKES FL 33014**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

**ZWIGARD BRUCE A
8935 ARVIDA DR
CORAL GABLES FL 33156**

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 607.0501 and 607.1506, 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, the undersigned, hereby accept the appointment as registered agent. I am:

SIGNATURE

Signature of the person who is authorized to sign this statement on behalf of the corporation. (If the corporation is a partnership, the signature of the partner or partners must be obtained.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
**PTD
ZWIGARD, BRUCE
8935 ARVIDA DR
CORAL GABLES FL**

☐ DELETE

TITLE

NAME
**VD
SHERWOOD, SCOTT
11706 MELAEUCA WAY
COOPER CITY FL**

☐ DELETE

TITLE

NAME
**VSD
FARRELL, PATRICK
11705 NW 12 ST
PEMBROKE PINES FL**

☐ DELETE

TITLE

NAME
**VD
NESTEL, RANDY K.
8502 NW 16TH ST.
MIAMI FL**

☐ DELETE

TITLE

NAME
**V
VERGA, JOSEPH
5761 NW 191 TERR
MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached list with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A. Zwigard

03-29-96

(305) 557-3000

Date of Filing

CR2E034 (12/95)