

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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90017 045 \*\*\*150.00

0245003

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **612068**

1. Corporation Name  
**FOREIGN FINANCIAL INVESTMENT, INC.**



Principal Place of Business  
 115 NW 167TH ST  
 STE 300  
 NO MIAMI BEACH FL 33169  
 US

Mailing Address  
 115 NW 167TH ST  
 STE 300  
 N MIAMI BCH FL 33169  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 21471 Highland Lakes Blvd  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 North Miami Bch, FL  
 Zip Country  
 24 33179 25 USA

2a. Mailing Address  
 26 21471 Highland Lakes Blvd.  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 North Miami Beach, FL  
 Zip Country  
 29 33179 30 USA

3. Date Incorporated or Qualified  
**03/07/1979**

4. FEI Number  
**59-1889548** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**MENENDEZ, ANTONIO R., ESQ.**  
**150 W. FLAGLER STREET**  
**SUITE 2200**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent  
 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

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>KASSIN, ROBERTO</b>
STREET ADDRESS	<b>115 NW 167TH ST STE 300</b>
CITY-ST-ZIP	<b>N MIAMI BCH FL 33169</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>BESSO, MICHEL</b>
STREET ADDRESS	<b>2001 NE 214 TH TERR</b>
CITY-ST-ZIP	<b>N. MIAMI BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>21471 Highland Lakes Blvd.</b>
1.4 CITY-ST-ZIP	<b>North Miami Beach, FL 33169</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>19355 Turnberry Way, Tower Suite CD</b>
2.4 CITY-ST-ZIP	<b>Aventura, FL 33180</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Roberto Kassin 2/15/99 305-937-0889  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)