

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 23 PM 3:02

DOCUMENT # 626352

(9)

1. Corporation Name

OLIVER INVESTMENT COMPANY

Principal Place of Business

**11900 BISCAYNE BLVD. STE 802
MIAMI FL 33181**

Mailing Address

**11900 BISCAYNE BLVD. STE 802
MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1979

3a. Date of Last Report

07/19/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-1914502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 190.013,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**KAPELOW, PAUL
11900 BISCAYNE BLVD. STE 802
MIAMI FL 33181**

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

Signature, typed or printed name of registered agent and title (if applicable)

(If 11) Registered Agent signature required when changing

(If 11)

12. OFFICERS AND DIRECTORS

TITLE	SO
NAME	PFEFFER, OLIVER
STREET ADDRESS	11900 BISCAYNE BLVD.
CITY, ST, ZIP	MIAMI FL
TITLE	PD
NAME	KAPELOW, PAUL
STREET ADDRESS	11900 BISCAYNE BLVD.
CITY, ST, ZIP	MIAMI FL
TITLE	VO
NAME	GOLDSTEIN, MARTIN
STREET ADDRESS	11900 BISCAYNE BLVD, #802
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VSO	☒ Change	☐ Addition
12 NAME	Pfeffer, Oliver		
13 STREET ADDRESS			
14 CITY, ST, ZIP			
21 TITLE		☐ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY, ST, ZIP			
31 TITLE		☒ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY, ST, ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY, ST, ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY, ST, ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY, ST, 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 119.021, 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 officer or director 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.

SIGNATURE:

Oliver B. Pfeffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Oliver Pfeffer, Secretary

1/10/95

305 892 8200