

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

APPROVED
AND
FILED

95 MAR 23 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 654399 (5)

1. Corporation Name

INTERNATIONAL INVESTMENTS GROUP, INC.

Principal Place of Business

3440 SW 6TH STREET
STE 214
MIAMI FL 33135
US

Mailing Address

3440 SW 6TH STREET
STE 214
MIAMI FL 33135
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/31/1980	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2129978	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	

2. Principal Place of Business	2a. Mailing Address
21 717 PONCE DE LEON BLVD. Suite, Apt. #, etc. 22 331	26 SAME Suite, Apt. #, etc. 27
City & State 23 CORAL GABLES FLA	City & State 28
Zip 24 33134	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

PADIERNE, RAFAEL E., ESQ.
1800 SW FIRST STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name GUSTAVO SUAREZ
82 Street Address (P.O. Box Number is Not Acceptable) 717 PONCE DE LEON BOULEVARD SUITE 331
83
84 City CORAL GABLES
85 Zip Code FL 33134

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 and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT A. ST C. 6 FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV/P SUAREZ, GUSTAVO (ASST)	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PRESIDENT / DIRECTOR GUSTAVO SUAREZ 717 PONCE DE LEON BLVD # 331 CORAL GABLES FLA 33134 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 110.07(3)(4), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Gustavo Suarez

GUSTAVO SUAREZ, PRESIDENT - / - DIRECTOR

805-854-5081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #