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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F23956** **(8)**

1. Corporation Name
BALGAR INVESTMENT, INC.

Principal Place of Business	Mailing Address
780 N.W. LEJEUNE RD. SUITE 517 MIAMI FL 33126	780 N.W. LEJEUNE RD. SUITE 517 MIAMI FL 33126-5538

3. Date Incorporated or Qualified: 03/18/1981
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business	2a. Mailing Address
21 782 NW Le Jeune Road	26 782 NW Le Jeune Road
Suite, Apt. #, etc. 22 Suite 632	Suite, Apt. #, etc. 27 Suite 632
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33126	Country 25 U.S.A
Zip 29 33126	Country 30 U.S.A

4. FEI Number: 59-2106477 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERNANDEZ, ELOY A., (ATTY) 780 N.W. LEJEUNE RD. SUITE 517 MIAMI FL 33126	81 Name: FERNANDEZ, ELOY A., (ATTY) 82 Street Address (P.O. Box Number is Not Acceptable): 782 NW LE JEUNE ROAD 83: SUITE 632 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	PD ☒ Change ☐ Addition
NAME	GARCIA, BALTASAR	12 NAME	GARCIA, BALTASAR
STREET ADDRESS	780 NW LEJEUNE RD #517	13 STREET ADDRESS	782 NW LE JEUNE ROAD,STE. 632
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FLORIDA
TITLE	VD ☐ DELETE	21 TITLE	VD ☒ Change ☐ Addition
NAME	BALTASAR, GARCIA JR.	22 NAME	GARCIA, BALTASAR JR.
STREET ADDRESS	780 NW LEJEUNE RD #517	23 STREET ADDRESS	782 NW LE JEUNE ROAD, STE. 632
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FLORIDA
TITLE	S ☐ DELETE	31 TITLE	S ☒ Change ☐ Addition
NAME	FERNANDEZ, ELOY A	32 NAME	FERNANDEZ, ELOY A.
STREET ADDRESS	780 NW LEJEUNE RD #517	33 STREET ADDRESS	782 NW LE JEUNE ROAD, STE. 632
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FLORIDA
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SECRETARY 1/23/97 (305) 448-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #