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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # F771! NVESTORS, INC.	53 (7)			E SOUTH OR DIETE SOURT COURSE CITAGO AFRANCE (A	I ( ANDI) BÍÐI ÞIÐI BÍÐI BÍÐI BÍÐI HÆÐI
	a.					
Principal Plac	e of Business	Mailing Address				il miðil diðir árðir þlóti dróti gjöti lóði
4700 S.W. 141 AVE. 4700 S.W. 141 AVE.						
WEST MIRAMAR FL 33027 WEST MIRAMAR FL 3302			027		DO NOT WRITE II	N THIS SPACE
					3. Date Incorporated or Qualified	THIS STACE
					04/14/1982	
2. Principal P	Pluce of Business	2a. Mailing Address			4. FEt Number	Applied For
26		26			59-2203251	Not Applicable
Suffe, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City I. Stoto		City & State				Fee Required
City & State		City & Stato			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zijo		Country			<b>~~</b>
24	25 25 Name and Address of Curre	29   ent Registered Agent	30		Personal Property Tax due June 3  10. Name and Address of New Regi	
Δ.	Y <b>ra</b> , Juan		81	Name	10.	
	700 SW 141ST AVE.		82	Ctroot Addr	ess (P.O. Box Number is Not Acceptable	
	V. MIRAMAR FL 33027			Sireet Audi	ess (r.o. box Number is Not Acceptable	7
1			83			
•			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 aud 607 1508, Florida Statut	es, the above	named corp	oration submits this statement for the pur	rpose of changing its registered
egent. La	registered agent, or both, in the Stat im familiar with, and accept the obli	te of Floridal Such change was a gations of, Suction 607,0505, Fl	autnorized by orida Statutes.	tne corporati	ion's board of directors. I hereby accept	the appointment as registered
SIGNATURE						
40	Signature, typed or printed name of registered a			it signature require	ed when reinstating)	DATE DIDECTORS IN 10
12.	OFFICERS AND DIRECTORS  PD DELETE		13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	AYRA, JUAN		1.2 NAME			
STREET ADDRESS	4700 SW 141ST AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	W. MIRAMAR FL		1.4 CITY - ST - ZIP			
TITLE		DELETE	21 TITLE			Change Addition
NAME			22 NAME			
STREET ADDRESS			2 3 STREET A	ADDRESS		
CITY-ST-ZIP			2 4 City-St	T-ZIP		
TITLE	DELI		3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET A	j		
CITY-ST-ZIP		DELETE	3.4. CHIY-SI	r- ZIP		Change Addition
TITLE		L Occert	4.1 TITLE			C change C Audition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET A	voust 66		
CITY-ST-ZIP			4.3 STREET #			
TITLE	<b></b>	DELETE	5.1 TITLE	LII		Change Addition
NAME		<del></del> ·	5.2 NAME			
STREET ADDRESS			5 3 STREET A	ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST	j		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS	<b>N</b>	1 -/	6.3 STREET A	ADORESS		
CITY-ST-ZIP	<b>\</b> i	I $I$	6.4 CITY-ST	- <b>Z</b> IP		

14. Thereby certify that the information supplied with tois, fung closs 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 supplied enter a moutal 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 exemption or powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an utacument with an address.

SIGNATURE:

435-9917

**FILED** 

Apr 30 1998 8:00am

Secretary of State