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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

(0)

1. Corporation Name THE EXECUTIVE INVESTMENT GROUP, INC.

THE EX	CCOLLAG MASCOLIMICIAL								
Principal Place of 231 N.W. WES SUITE 102	ST PARK DR.	SUITE 102	9179-5 FOUNTAINBLEAU BLVD SUITE 102						
MIANI FL 33172		WAMI FL 33172 US	MIAMI FL 33172 Us					of Last Report 08/02/1995	
2. Principal Place	e of Business	2a. Mailing Address	. Mailing Address			4. FEI Number Applied For 65-0080794 Not Applicable			
Suite. Apt. #, etc.		Suite, Apt. #, etc.	7			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	n ´			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζφ 24	Country 25	7 ip	30 Co.	untry		8. This corporation has liability for Florida Statutes Yes	X No		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered A	gent	
				81	Name				
CARTAYA, DIANA				62	Street Addre	dress (P.O. Box Number is Not Acceptable)			
9179-5 I SUITE 1	Fountainbleau BLVD 02			83			· ·		
MIAMI FL 33172				84	Crty		FL	85 Zip Code	
CICNIATUDE	and accept the obligations of Se				t sip alore require	awheer remains region of the ADDITIONS/CHANGES TO OFF			
TITLE	PD	☐ DELETE	1.1	TITLE			Ĺ] Change Addition	
NAME	SANTA-MARIA, RAFAEL		1.2	1.2 NAME					
STREET ADDRESS	231 NW W PK DR STE 1	102	t e		ADDRESS				
CITY-ST-ZIP	MIAMI FL	DELETE		CITY - S TITLE	ST 719			Change Addition	
TITLE	ST CARTAVA CHANA	☐ netere					_		
NAME	CARTAYA, DIANA 9179-5 FOUNTAIN BLEAU BLVD			2.2 NAME 2.3 SIMBET ADDRESS					
STREET ADDRESS	MIAMI FL	O OLID		CITY-S					
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NAME	•	•		NAMÉ					
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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 119.07(3)(k). Fiorida 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 chapter it, or on an attachment with an address

SIGNATURE:

STREET ADDRESS

WALLAND RAFIED SANTA - HANA

6.3 STREET ACCRESS

6.4 CHY-ST-ZIP