

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005942 (7)**

1. Corporation Name
INVESTECH SECURITIES INCORPORATED



Principal Place of Business: **5300 FIRST UNION FINANCIAL CENTER, 200 S. BISCAYNE BLVD., MIAMI FL 33131-2339**
Mailing Address: **5300 FIRST UNION FINANCIAL CENTER, 200 S. BISCAYNE BLVD., MIAMI FL 33131-2339**

3. Date Incorporated or Qualified: **11/17/1994**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **52-1885899**
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
21 **200 S BISCAYNE BLVD**
Suite, Apt. #, etc.: **1690**
City & State: **MIAMI, FL**
Zip: **33131**
Country: **USA**

2a. Mailing Address
26 **200 S BISCAYNE BLVD**
Suite, Apt. #, etc.: **1690**
City & State: **MIAMI, FL**
Zip: **33131**
Country: **USA**

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301**

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 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	JAERGERMAN, LEONARDO	
STREET ADDRESS	19707 TURNBERRY WAY, #25J	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HERDAN, LEON	
STREET ADDRESS	TORRE ATRIUM, PH-A AV VENEZUELA, EL ROSAL	
CITY-ST-ZIP	CARACAS 1062 VENEZUELA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GONZALO, LAURIA	
STREET ADDRESS	TORRE ATRIUM, PH-A AV VENEZUELA, EL ROSAL	
CITY-ST-ZIP	CARACAS 1062 VENEZUELA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STEBBINGS, ROBERT Y	
STREET ADDRESS	399 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022-4689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	S
53 STREET ADDRESS	SAIOVICI, IDEL A
54 CITY-ST-ZIP	1014 NW 156 AVENUE PEMBROKE PINES, FL 33028
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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: **Leonardo Jaegerman** 4/30/96 305-358-5250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CR2E034 (12/95)