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FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **F 9400000 5942**
1. Corporation Name
INVESTECH SECURITIES INCORPORATED

Principal Place of Business: **200 S. Biscayne Blvd. Suite 1690 Miami, FL 33131**
Mailing Address: **200 S. Biscayne Blvd. Suite 1690 Miami, FL 33131**

2. Principal Place of Business	2a. Mailing Address
21 19495 Biscayne Blvd.	26 19495 Biscayne Blvd.
22 Suite, Apt. #, etc. Suite 800	27 Suite, Apt. #, etc. Suite 800
23 City & State Aventura FL	28 City & State Aventura, FL
24 Zip 33180	29 Zip 33180
25 Country USA	30 Country USA

3. Date Incorporated or Qualified: **11/17/1994**
3a. Date of Last Report: **4/30/1996**

4. FEI Number: **52-1885899**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$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

**The Prentice Hall Corporation System, Inc.
1201 Hays Street, #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 607.1508, 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

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	Jaegerman, Leonardo	
STREET ADDRESS	19707 Turnberry Way, #25J	
CITY-ST-ZIP	Miami, FL 33180	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	Herdan, Leon	
STREET ADDRESS	Torre Atrium, PH-A Av. Venezuela	
CITY-ST-ZIP	El Rosal, Caracas, Venezuela	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Lauria, Gonzalo	
STREET ADDRESS	Torre Atrium, PH-A Av. Venezuela	
CITY-ST-ZIP	El Rosal, Caracas, Venezuela	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Saiovici, Idel A.	
STREET ADDRESS	1014 N.W. 156 Avenue	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
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 type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****165.00**

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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: *[Signature]* **4/29/97** **305-937-5144**
Date: _____ Daytime Phone: _____

CR2E034 (9/96)