


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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005942 (7)
 1. Corporation Name
INVESTECH SECURITIES INCORPORATED



Principal Place of Business 10495 BISCAYNE BLVD. SUITE 800 AVENTURA FL 33180 US	Mailing Address 10495 BISCAYNE BLVD. SUITE 800 AVENTURA FL 33180 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
11/17/1994

2. Principal Place of Business 21 9000 W. SHERIDAN ST. Suite, Apt. #, etc. 22 SUITE 103 City & State 23 PEMBROKE PINES, FL. Zip Country 24 33078 25 USA 	2a. Mailing Address 26 9000 W. SHERIDAN ST. Suite, Apt. #, etc. 27 SUITE 103 City & State 28 PEMBROKE PINES, FL. Zip Country 29 33078 30 USA
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4. FEI Number 52-1885899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, EL ROSAL	
CITY-ST-ZIP	CARACAS 1062 VENEZUELA	
TITLE	TD	<input checked="" 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 type="checkbox"/> DELETE
NAME	SAJOVICI, IDEL A	
STREET ADDRESS	1014 NW 156 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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]* **Idel Sajovici** 4/27/98 (951) 704-2404

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