Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90072 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000002657

1. Corporation	VVESTMENTS, INC.							
Principal Place of Business Mailing Address					L EDDIEGO I IND LONGE BREN BONE DREEL BONE BONE BONE BONE	9 BIII 81 BISHS 1885 1885		
PO BOX 630846 PO BOX 630846								
MIAMI FL 33163 MIAMI FL 33163							_	
						DO NOT WRITE IN THIS SPACE	=	
						3. Date Incorporated or Qualifed 06/01/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21		26				65-0582385	Not Applicable	
. Suite, Apt.	#, etc.,		Apt. #, etc.	- ,			75 Additional	
22		27				5. Certificate of Status Desired	ee Required	
City & State	e	City &	State			6. Election Campaign Financing \$5	.00 May Be	
23		28				Trust Fund Contribution Ac	ided to Fees	
Zip	Country	Zip	-	Country	/	8. This corporation owes the current year Intangible		
24	25	29		30		Personal Property Tax.	s 🗆 No	
	9. Name and Address of Curre	nt Registered A	Agent		T 81	10. Name and Address of New Registered Agent		
O T	CODDODATION SYSTEM			81	Name		I	
C T CORPORATION SYSTEM				82	Street A	Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					ļ			
PEANTATION FL 33324				83				
	•			84	City	85	Zip Code	
I						FL **		
agent. I a	m familiar with, and accept the obliga	ations of, Section	n 607.0505, Flori	ida Statute:	3 .	corporation submits this statement for the purpose of changination's board of directors. I hereby accept the appointment	as registered	
					gistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	PD	4D DIRECTOR	☐ DELETE	1.1 TITLE	Т	Ch		
NAME	FEINBERG, PHYLLIS B			1.2 NAME		_		
	20189 NE 16TH PLACE				TADDRESS			
STREET ADDRESS	MIAMI FL 33179							
CITY-ST-ZIP	P 20179		☐ DELETE	1.4 CITY-5 2.1 TITLE	51-ZIP	[] Ch	ange Addition	
TITLE	FEINBERG, PHYLLIS B	:		2.2 NAME				
NAME STREET ADDRESS	P.O. BOX 638046 N/A		·F		TADDRESS		•	
STREET ADDRESS	MIAMI FL 33163			2.4 CITY-			ļ	
TITLE	D		DELETE	3.1 T/TLE	↓1- <u>∠</u> II		ange Addition	
NAME	STEVENS, BRENT R			3.2 NAME		_		
STREET ADDRESS	P.O. BOX 146, ROADTOWN	N/A			T ADDRESS			
	TORTOLA, B.V.I.	W. J		3.4. CITY+	1			
CITY-ST-ZIP TITLE	D		DELETE	4.1 TITLE	U1-E41		ange Addition	
NAME	ST. JOHN, MAXINE		\sim	4. 2 NAME			_	
STREET ADDRESS	P.O. BOX 146, ROADTOWN N	Ι/Δ			TADORESS			
)	TORTOLA, B.V.I.	17.		4.4 CITY-5	- 1			
CITY-ST-ZIP	TOTTIOUS DITTI		DELETE	5.1 TITLE	21-71L	DIRECTOR	ange Addition	
NAME				5.2 NAME		DA TO BARSTACK		
STREET ADDRESS					T ADDRESS	7.0. Box 630254		
				5.4 CITY-1		MIAMI , PL 33163		
CITY-ST-ZIP			☐ DELETE	6.1 TITLE		□ Ch	ange Addition	

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, with all agree like empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #