**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90088 028 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # F970000 AKE INVESTMENTS CORP.	005427				
Principal Place	of Business	Mailing Address			t intille tite (fillt ibiti) oneil antil antil	98:01 Ailti alala liais idal idal
% FINSER CORPORATION % FINSER CORPORATION 550 BILTMORE WAY, STE. 900 CORAL GABLES FL 33134 CORAL GABLES FL 33134			)		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPĄCE
					10/15/1997	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			98-0168999	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
22		27			3	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	Country		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		This corporation owes the current year In     Personal Property Tax.	Tangible ☐ Yes XXNo
24	9. Name and Address of Current	Serietared Agent	J		10. Name and Address of New Registered	
	9. Name and Address of Culterit	Registered Agent	81	Name	To hand and	
CTO	CORPORATION SYSTEM					
1200 SOUTH PINE ISLAND ROAD			82	Street A	ddress (P.O. Box Number is Not Acceptable)	•
PLANTATION FL 33324			83			
						Joseph Zin Codo
			84	City	FL	85 Zip Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was authors of, Section 607.0505, Florida	orized by Statutes	the corpor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	changing its registered intrnent as registered
	Signature, typed or printed name of registered agent			nt signature req	quired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 12
12.	OFFICERS AND	DELETE	13.	1	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	_	_		1		
NAME	OLITICO CITILICES		1.2 NAME	* *********		
STREET ADDRESS	The state of the s			TADORESS		
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-219		☐ Change ☐ Addition
TITLE	KEON, WILLIAM T III	- Detterm	2.2 NAME		· ·	_ , _
NAME	550 BILTMORE WAY, STE. 900			TADORESS		
STREET ADDRESS			2.4 CITY-5			
CITY-ST-ZIP TITLE	S			51-ZIP	The property was to	- Change Addition
NAME	MACTAVIOUS, ANNETTE					
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			3.4. CITY-5			
TITLE	AS	☐ DELETE	4.1 TITLE			Change Addition
NAME	HERNANDEZ, EDUARDO L		4. 2 NAME			
STREET ADDRESS	550 BILTMORE WAY, STE. 900		4.3 STREE	TADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T AODRESS		,
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS		

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 of an affactorient with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Eduardo L. Hernandez Assistant Secretary SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 1999

(305) 442-3405