

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G97757** (0)

1. Corporation Name

INVESTACORP FINANCIAL PRODUCTS, INC.



Principal Place of Business

**15450 NEW BARN RD
MIAMI LAKES FL 33014**

Mailing Address

**15450 NEW BARN RD
MIAMI LAKES FL 33014**

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country

9. Name and Address of Current Registered Agent

**ZWIGARD BRUCE A
8935 ARVIDA DRIVE
CORAL GABLES FL 33158**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Signature of person submitting this report to the Department of State

Signature of person accepting appointment as registered agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE	☐ Change ☐ Addition
1. TITLE	1. TITLE
NAME	2. NAME
STREET ADDRESS	3. STREET ADDRESS
CITY-ST-ZIP	4. CITY-ST-ZIP
TITLE	5. TITLE
NAME	6. NAME
STREET ADDRESS	7. STREET ADDRESS
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TITLE	9. TITLE
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CITY-ST-ZIP	76. CITY-ST-ZIP
TITLE	77. TITLE
NAME	78. NAME
STREET ADDRESS	79. STREET ADDRESS
CITY-ST-ZIP	80. CITY-ST-ZIP
TITLE	81. TITLE
NAME	82. NAME
STREET ADDRESS	83. STREET ADDRESS
CITY-ST-ZIP	84. CITY-ST-ZIP
TITLE	85. TITLE
NAME	86. NAME
STREET ADDRESS	87. STREET ADDRESS
CITY-ST-ZIP	88. CITY-ST-ZIP
TITLE	89. TITLE
NAME	90. NAME
STREET ADDRESS	91. STREET ADDRESS
CITY-ST-ZIP	92. CITY-ST-ZIP
TITLE	93. TITLE
NAME	94. NAME
STREET ADDRESS	95. STREET ADDRESS
CITY-ST-ZIP	96. CITY-ST-ZIP
TITLE	97. TITLE
NAME	98. NAME
STREET ADDRESS	99. STREET ADDRESS
CITY-ST-ZIP	100. 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)(g), 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 of the corporation, and that I have filed 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 addition sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A. Zwigard

03-29-96

(305) 557-3000

(1)

Original Filing #

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