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Aug 27 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 # H23172
1. Corporation Name
E.Z. Investment, Corp.

Principal Place of Business
4811 W. 4 Avenue
Hialeah, FL 33012

3. Date Incorporated or Qualified 9-28-84
3a. Date of Last Report 1996

2. Principal Place of Business 21 4811 W. 4 Avenue Suite Apt. #, etc.	2a. Mailing Address 26 same Suite, Apt. #, etc.	4. FEI Number 59-2658435 Applied For Not Applicable
22 City & State 23 Hialeah FL	27 City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33012 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Joseph Emanuel
82 Street Address (P.O. Box Number is Not Acceptable)
7300 N. Kendall Dr # 530
83
84 City Miami FL 85 Zip Code 33156

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President Secretary	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Efrain Camara H.D.	12 NAME	
STREET ADDRESS	4811 W. 4 Avenue	13 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL 33012	14 CITY-ST-ZIP	
TITLE	Treasurer	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zola H. Camara	22 NAME	
STREET ADDRESS	4811 W. 4 Avenue	23 STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL 33012	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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, typed or printed name of officer or director

Date

Decline Phone #