FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 11 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H24870 (8)

1. Corporation Name
INVESTMENT CORP. OF THE VIRGINIAS, INC.

Principal Place of Business	Mailing Address
10800 BISCAYNE BLD STE 315 N. MIAMI BEACH FL 33162 US	10800 BISCAYNE BLVD STE 315 N. MIAMI BEACH FL 33162 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/10/1984
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 58-1594960	☐ Applied For ☐ Not Applicable
21 12700 BISCAYNE BLVD	26 12700 BISCAYNE BLVD		
Suite, Apt. #, etc. 22 SUITE 200	Suite, Apt. #, etc. 27 SUITE 200	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State N. MIAMI, FL	City & State 28 N. MIAMI, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 33181 County: 25 DADE	Zip: 29 33181 County: 30 DADE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
APTE, STANLEY H. 5780 LA GORCE DRIVE MIAMI BEACH FL 33140	81 Name: SUZANNE PRICE 82 Street Address (P.O. Box Number is Not Acceptable): 329 PONCIANA ISL. DR. 83 84 City: SUNNY ISLES, FL 85 Zip Code: 33160

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: Suzanne Price — July 3, 95
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	PDS	1.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, SUZANNE	1.2 NAME		
STREET ADDRESS	329 PINCIANA ISL. DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES FL	1.4 CITY-ST-ZIP		
TITLE	V.P.	2.1 TITLE	MARTIN PRICE V.P.	☐ Change ☑ Addition
NAME	MARTIN PRICE	2.2 NAME	MARTIN PRICE	
STREET ADDRESS		2.3 STREET ADDRESS	329 PONCIANA ISL DR.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 changed, or on an attachment with an address.

SIGNATURE: Martin Price MARTIN PRICE, V.P. 6/12/95 (305) 895-6525
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0174262 CP