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

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** H30881

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90017 012 ***150.00

	E INVESTMENTS, INC	Mailing Address						
% HAROLD CHOPP % HAROLD CHOPP 200 SO. BISCAYNE BLVD. STE. 4950 200 SO. BISCAYNE BLVD. ST MIAMI FL 33137-3216 MIAMI FL 33137-3216			E. 4950			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						**		
D. D. Des Charles						11/15/1984 4. FEI Number		plied For
2. Principal Place of Business 2a. Mailing Address				ست		59-2472760		Applicable
26						39-24/2/00	\$8.75 A	
						5. Certifcate of Status Desired	Fee Red	I .
22 27 City & State City & State						6. Election Campaign Financing	\$5.00	
23 28						Trust Fund Contribution	Added to	
Zip				Country 8		8. This corporation owes the current year Ir	,	
24	· 25 29 30			,		Personal Property Tax.		□No
24	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
	J. Hallo dila zadiose s. estreli		18	1 Na	ame			
CHOPP, HAROLD				1		(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		
200 S BISCAYNE BLVD				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 4950			8	83				
MIAMI FL 33131			L					
			18	34 Ci	ty	FI	85 Zip C	code
14. Purcuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-na								registered
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								jistered
SIGNATURE	Signature, typed or printed name of registered agen		egistered A	gent sign	ature required v	when reinstating) DATE		
12.	OFFICERS AN		13.		-	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD						Change	☐ Addition
NAME	REYLER, DORA D.			E				Į.
STREET ADDRESS	4950 200 S BISCAYNE BLVD			EET ADD	RESS			1
CITY-ST-ZIP				-ST-ZIP				
TITLE	SD . □ DELETE 2.11			E			Change	Addition
NAME	REYLER, DORA D				1			{
STREET ADDRESS	4950 200 S BISCAYNE BLVD 233			EET ÁDD	RESS	i erena e e e		
CITY-ST-ZIP	MIAMI FL 2:4			Y-ST-ZIF		<u> </u>		- Addisa-
TITLE	VPU		3.1 TITL	_			Change	☐ Addition
NAME	KERBEL, FANNY A. 321			_	l			1
STREET ADDRESS	1930 200 0 BIOCATIVE BEVD			EET ADD	RESS			
CITY-ST-ZIP	The state of the s			Y-ST-ZIP	<u> </u>		Change	Addition
TITLE	U		4.1 TITL		-		L_; Change	Addation
NAME	BOTTER, MATTER, IT		4. 2 NAM		l			
STREET ADDRESS	4550 200 0 BIOCATTIL DEVD			EET ADD				
CITY-ST-ZIP	1107 4111 1 -		_	'-ST-ZI <u>P</u>			Change	Addition
TITLE	· ·	☐ DELETE	5.1 TITLE				☐ Change	
NAME.			5.2 NAM				•	
STREET ADDRESS	•			EET ADD	i)
CITY-ST-ZIP				'-ST-ZIP				
TITLE	DELETE 6.11						Change	☐ Addition
NAME	6.2 N							
CTDEET ADDDESS	·		6.3 STR	EET ADD	RESS			1

CITY-ST-ZIP 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 other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Dora D. Reyler, President

F SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-371-2212