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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

## FILED May 13 1997 8:00am Secretary of State

Corporation Name	179930
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	INVESTMENT CORP.				
Principal Place of Business 16933 NW 69TH AVE MIAMI FL 33015		Mailing Address 16933 NW 69TH AVE MIAMI FL 33015-4267		1 (10)/P?	8791: 81811 81811 <del>8181</del> ; <b>8</b> 1811 81811 1881
<u>.</u>				3. Date Incorporated or Qualified 10/09/1985	3a. Date of Last Report 03/15/1996
2. Principal P	lace of Business	28. Mailing Address		4. FEI Number	Applied For
21 Culto Ant	# ata	[26]		59-2582684	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for	
24	9. Name and Address of Currer	29	[30]	Florida Statutes L  10. Name and Address of New Re	Yes No
nsh.	IAN, L. MICHAEL	tropietored rigorit	81 Name	To them and nadicas of how the	Stotel ed Agent
	MIAMI LAKES DRIVE EAST		82 Street Add	ress (P.O. Box Number is Not Accepted	-10)
	E #212		62 Sirect Add	ress (F.O. Box Number is Not Acceptal	ne)
MIAI	VII LAKES FL 33014		63		, , , , , , , , , , , , , , , , , , ,
			84 City		<b>85</b> Zip Code
44 Duraman	to the manufacture of Continue C(17 Of C	0 2007 4100 11-2-2- 000			
office or r	egistered agent, or both, in the State	of Florida, Such change wa	sutes, the above-named corpora	poration submits this statement for the t tion's board of directors. I hereby acce	pt the appointment as registered
	m tamiliar with, and accept the oblig	ations of, Section 607.0505,	Horida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ago	nt and Isle if applicable (N	OTE Registered Agent a griature requ		DATE
12.	OFFICERS AN		18.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PST VAZQUEZ, JULIAN	☐ DEFEUE	1.1 THUE		Change Addition
-NAME	16933 NW 69TH AVENUE		1.2 NAME		
STREET ADDRESS City-St-Zip	MIAMI FL	•	1.9 STREET ADDRESS 1.4 City- St- Zip		
TITLE	1779 WILL 1	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 C/TY-ST-Z/P		
TITLE		☐ DELFTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELF1E	3.4. CITY-ST-ZIP		Change Addition
NAME			4.1 TITLE 4.2 NAME		Cilside [1 Vaginar
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 DITY-ST-ZIP		
TITLE		DELETE	5.1 TALE	***************************************	Change Addition
NAME		-	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TALE		☐ DELCTE	6.1 Trill		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-ZIP		7,73 (37 (37) (27) (27)	6.4 CHY - ST - ZIP		

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 migral 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 this 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 3 if changed, or on an attachment with an address.