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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

H92877

(0)

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F	8 G	INV	ESII	MEN	15.	INC.

Principal Place of Business Mailing Address						1891 BLOM MINIL BIO	to Malket Mei	111 MINIT 1881	
14910 S.W. 74 AVENUE 14910 S.W. 74 AVENUE MIAMI FL 33158 MIAMI FL 33158			E						
						3. Date Incorporated or Qualified 01/06/1986	3a. Date of t 05/0	ast Rep 1/1995	ort
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21]		26				59-2630650		∐Nc	ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<u> </u>	8.75 A	Additional equired
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	May Be to Fees
Zip 24	Country 25	Zip <b>29</b>	30 Cou	intry		8. This corporation has liability for in Florida Statutes	ntangible tax un No	iders 1	99.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered Age	nt	
				61 N	ame				
	TT, ROBERT L			<b>82</b> St	reet Addres	ss (P.O. Box Number is Not Acceptable	ie)		
201 ALH	AMBRA CIRCLE			83					
	SABLES FL 33134			63					
CONTRACT	ANDELOTE GOTOT			<b>84</b> C	ty		F1 8	5 Zip (	Code
or registere familiar with	o the provisions of Sections 607.05 ad agent, or both, in the State of Fid n, and accept the obligations of, Se	rida. Such change was authoriz	ed by the $\epsilon$	ove-nam corporat	ed corporat on's board	tion submits this statement for the pur I of directors. I hereby accept the appo	ose of changir intment as regi	ng its reg stered a	jistered office gent. I am
SIGNATURE.	Signature, typed or printed name of registered ag	ant and title if applicable (NC	TE: Begistered	Agent sign	ature required v	when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFE	CERS AND DIP	RECTOR	S IN 12
TITLE	DPST	☐ DELETE	1.11	NTLE			□ c	nange	Addition
NAME	FARKAS, FRANK C. 14910 SW 74TH AVE.		1.2 N	AME					
STREE1 ADDRESS	MIAMI FL			TREET ADD					
CITY-ST-ZIP	MICHIEL	□ DELETE		11Y - S1 - Z#	·		rn c	hanno	Addition
TITLE		☐ DELETE	2 1 1 22 N				□ v	ianyo	
NAME express approved				TREET ADD	0000				
STREET ADDRESS CITY-ST-ZIP				ITY-ST-ZI					
TITLE	,,, , , , , , , , , , , , , , , , , , ,	DELETE	3.13				□ C	hange	Addition
NAME			3.2 N	IAME					
STREET ADDRESS			3.3. 9	STREET ADD	RESS				
ÇITY - ST - ZIP			3.40	ITY-ST-ZII	,				
TITLE		DELETE	4.11	TITLE			c	hange	Addition
NAME			4.2 N	IAME					•
STREET ADDRESS			4.3 S	TREET ADD	RESS				
Crty-St-ZIP		E) britte		ITY - ST - ZII	,			hanga	☐ Addition
THE		☐ DELETE	5.1				[ C	пануе	☐ Addition
NAME			5.2 N		0500				
STREET ADDRESS				TREET ADD					
CITY-ST-ZIP		DELETE	5.4 C	HY-ST-ZII	<del></del>			hange	Addition
TITLE			621				Пv	ungt	L.J Pasition
NAME STREET ANDRESS				iame Street add	RESS				
STREET ADDRESS									
CITY-ST-ZIP	certify that the information supplie	d with this filing is voluntarily furn		HY-SI-ZI		r the exemption stated in Section 119.	07/3)/k) Florida	Statute	s I further

. I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 attractment with an address.

SIGNATURE

SIGNATURE AND TYPED OR ERRITED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 305-233-1192

;R2E034 (12/95)