FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (0)F & G INVESTMENTS, INC.

## **FILED** Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										T TA DIRATE ATTER TO THE FOLIA CONT. VERAL ASSET ASSETS AND A STATE ASSETS ASSETS ASSETS ASSETS ASSETS ASSETS AS			
14910 S.W. 74 AVENUE 14910 S.W. 74 AVENUE MIAMI FL 33158 MIAMI FL 33158											DO NOT WRITE IN THIS SPACE		
											3. Date Incorporated or Qualified		
											01/06/1986		
	Principal Pl	lace of Busin	-	28. Mailing Address						4. FEI Number Applied F			
21	Suite, Apt.	# elc		Suite, Apt. #, etc.						59-2630650   Not Appli	-		
22	12				27						5. Certificate of Status Desired Fee Required		
23	City & State				City & State						6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees		
23	Zip	Country			Zip Country						8. This corporation owes or has paid the current year Intangible		
24				2	¬ '	30				Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent			
TRESCOTT, ROBERT L								81 Name					
201 ALHAMBRA CIRCLE								82	Stree	t Addre	Address (P.O. Box Number is Not Acceptable)		
STE. 711 CORAL GABLES FL 33134								83					
COMP GABLES I E 33134								84	Oltri		85 Zip Code		
									City		<b>FL</b>   '   '		
11	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida, Such change was authorized.									d corpo	poration submits this statement for the purpose of changing its regis	tered	
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 regis 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 life if applicable (NOTE Registered Ag									ni ni anat		ired when reinslating) DATE		
12		Signature, typeo		S AND DIF		(NU)	13.	и мри	int signatu	re require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	2	
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CITY-ST-ZIP MIAMI FL								1.4 CITY-ST-ZIP					
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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.