

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

FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J31091 (8)

1. Corporation Name  
MAINLAND INVESTMENT GROUP, INC.

Principal Place of Business  
1728 NW 82ND AVENUE  
MIAMI FL 33126

Mailing Address  
1728 NW 82ND AVENUE  
MIAMI FL 33126-1016



3. Date Incorporated or Qualified 08/29/1986  
3a. Date of Last Report 02/13/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2776037		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

ARROYO & ARROYO, P.A.  
1550 MADRUGA AVE., #230  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, JOSE E.	1.2 NAME	HERNANDEZ BEATRICE
STREET ADDRESS	1728 NW 82ND AVENUE	1.3 STREET ADDRESS	1728 NW 82 AVE
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI FL 33126
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JORGE R.	2.2 NAME	
STREET ADDRESS	1728 NW 82ND AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVARES, FRANCISCO J.	3.2 NAME	GONZALEZ JOHN M.
STREET ADDRESS	1728 NW 82ND AVENUE	3.3 STREET ADDRESS	1728 NW 82 AVE
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	MIAMI FL 33126
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ROBERT E.	4.2 NAME	
STREET ADDRESS	1728 NW 82ND AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, CARLOS T.	5.2 NAME	
STREET ADDRESS	1728 NW 82ND AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, ALBERTO E.	6.2 NAME	GONZALEZ ALBERTO E.
STREET ADDRESS	1728 NW 82ND AVENUE	6.3 STREET ADDRESS	1728 NW 82 AVE
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	MIAMI FL 33126

14. 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 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.

SIGNATURE: *Beatrice Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97 205-591-2283  
Date Daytime Phone #

CR2E034 (9/96)