

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J71491 (1)**

1. Corporation Name
F.I. INVESTMENTS, INC.



Principal Place of Business: **512 MAJORCA AVENUE CORAL GABLES FL 33134-4222**
Mailing Address: **512 MAJORCA AVENUE CORAL GABLES FL 33134-4222**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1987	3a. Date of Last Report 05/01/1995
21		26		4. FEI Number 59-2807315	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FIGUERO, MARTA 512 MAJORCA AVE. MIAMI FL 33134				81. Name	QUETGLAS, FRANK		
				82. Street Address (P.O. Box Number is Not Acceptable)	512 MAJORCA AVE.		
				83. City	CORAL GABLES, FL		
				84. City	CORAL GABLES,	85. Zip Code	FL 33134

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 607.025, Florida Statutes.

SIGNATURE: *Frank Quetglas* **FRANK QUETGLAS-PRESIDENT** 4/24/96
DATE: 4/24/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD- FIGUERO, MARTA -	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D QUETGLAS, FRANK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	512 MAJORCA AVE.			1.2 NAME	512 MAJORCA AVE.		
STREET ADDRESS	MIAMI FL 33134			1.3 STREET ADDRESS	CORAL GABLES, FL. 33134		
CITY - ST - ZIP		<input type="checkbox"/> DELETE		1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		2.3 STREET ADDRESS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS		<input type="checkbox"/> DELETE		6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby 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 attachment with an address.

SIGNATURE: *Frank Quetglas* **FRANK QUETGLAS-PRES.** 4/24/96 305-445-2791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)