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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	17.	14	91	ļ
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(1)

F.I. INVESTMENTS, INC.

Mailing Address

512 MAJORCA AVENUE CORAL GABLES FL 33134-4222

2. Principal Place of Business

SIGNATURE: \*

Suite, Apt. #, etc

21

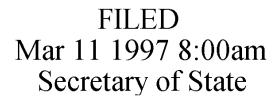
Principal Place of Business

512 MAJORCA AVENUE CORAL GABLES FL 33134-4222

Mailing Address

Suite, Apt #, etc.

26





3. Date Incorporated or Qualified

5. Certificate of Status Desired

05/05/1987

59-2807315

4, FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

0179704

Not Applicable

05/01/1996

City & State	<u></u> †~	City & State					6. Election Campaign Financing \$5.00 May Be						
23]	Country	28		Count				Trust Fund Contribution			<del></del>	d to Fees	
Zip <b>24</b>	Country 25	Zip <b>29</b>	1	Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes See No					
	g, Name and Address	of Current Registered Age	nt				1	0. Name and Address of	New Reg	stered /	gent		
QUE	TGLAS, FRANK			e	31	Name							
512 MAJORCA AVE.				\ <u>.</u>	32	Stroot Ac	ddroee	(P.O. Box Number is Not A	ccontable		<del></del>		
CORAL GABLES FL 33134			1		Ollege Ac	uu 633	(I .C. DOX NUMBER IS NOT A	cceptaon	• 1				
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	_			8	84	City				FL	85 Zij	p Code	
office or re	egistered agent, or both, in	ns 607,0502 and 607,1508, F n the State of Florida. Such o t the obligations of, Section 6	hange was au	uthorized	bν	the corpo	orpora oration	tion submits this statement to should be submits this statement of directors. I hereby	or the pu	roose of	changing ointment s	its registered is registered	
SIGNATURE													
		registered agent and title if applicable	(NOTE:	<del></del>	Agen	nt signature re	equired w	hen reinstating)		DATE			
12.	PD	ICERS AND DIRECTORS	Dr. Fre	13.		<del></del>		ADDITIONS/CHANGES TO	O OFFICE	RS AND			
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NAME		<b></b>		62 NAM									
STREET ADDRESS						ADDRESS						ſ	
City-St-ZiP				6.4 CITY		[						ĺ	
14. I do heret	by certify that the information	on supplied with this filing do	es not qualify	for the e	xen	nption sta	ited in	Section 119.07(3)(i), Florida	Statutes	I further	certify the	at the	
l informatio	in indicated on this annual.	report or supplemental annu- poration or the receiver or tru- hanged, or the attachmen	ual report is tru	ie and ac	cour	rate and th	hat my	sionature shall have the sa	me legal	effect as	if made i	inder oath: that l	