

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

**FILED**  
**May 19 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 # K13167 (7)**  
 1. Corporation Name  
**MONTENAY INVESTMENTS, INC.**



Principal Place of Business: **3225 AVIATION AVE 4TH FL MIAMI FL 33133**  
 Mailing Address: **3225 AVIATION AVE 4TH FL MIAMI FL 33133-4741**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/28/1988	02/13/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FCI Number	Applied For
22		27		65-0110005	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**NATIONAL CORPORATE RESEARCH, LTD.**  
**1406 HAYS STREET, SUITE #2**  
**TALLAHASSEE FL 32301**

B1	Name	
B2	Street Address (P.O. Box Number is Not Acceptable)	
B3		
B4	City	FL
		B5 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 re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	D
NAME	ELIA, CLAUDIO	1.2 NAME	Reale, Robert J.
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR	1.3 STREET ADDRESS	3225 Aviation Ave 4th FL
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33133
TITLE	PD	2.1 TITLE	
NAME	PORTUONDO, JUAN M	2.2 NAME	
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	PASSAGE, STEPHEN S	3.2 NAME	
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	MORTON, THOMAS A R	4.2 NAME	
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	TOWNSEND, STEVE H	5.2 NAME	
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	
NAME	MOZIAN, GERARD P	6.2 NAME	
STREET ADDRESS	3225 AVIATION AVE, 4 FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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.

CR2E034 (9/96)

01-21-97 (305) 854-2229