FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:34

DOCUMENT # **K48184** **(1)**

1. Corporation Name

MASTERS INVESTMENT GROUP, INCORPORTED

Principal Place of Business	Mailing Address
2816 ORANOLE WAY APOPKA FL 32703	2816 ORANOLE WAY APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/08/1988	01/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2956369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DRACHENBERG, ROBERT R. 2816 ORANOLE WAY APOPKA FL 32703	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: _____ (Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	11 TITLE	D	☐ Change ☒ Addition
NAME	DRACHENBERG, ROBERT R.	12 NAME	EVELYN R. HODDER	
STREET ADDRESS	2816 ORANOLE WAY	13 STREET ADDRESS	2703 MANDELIN RD.	
CITY ST ZIP	APOPKA FL	14 CITY ST ZIP	APOPKA, FL	
TITLE	VTD	21 TITLE	D	☐ Change ☒ Addition
NAME	DRACHENBERG, R. E.	22 NAME	SUSAN DRACHENBERG	
STREET ADDRESS	4020 ELLIS RD	23 STREET ADDRESS	4020 ELLIS RD.	
CITY ST ZIP	FT MYERS FL	24 CITY ST ZIP	FT. MYERS, FL	
TITLE	VMD	31 TITLE		☐ Change ☐ Addition
NAME	HODDER, R.G.	32 NAME		
STREET ADDRESS	2703 MANDELIN RD	33 STREET ADDRESS		
CITY ST ZIP	APOPKA FL	34 CITY ST ZIP		
TITLE	VSD	41 TITLE		☐ Change ☐ Addition
NAME	DRACHENBERG, RACHEL	42 NAME		
STREET ADDRESS	2816 ORANOLE WAY	43 STREET ADDRESS		
CITY ST ZIP	APOPKA FL	44 CITY ST ZIP		
TITLE	VD	51 TITLE		☒ Change ☐ Addition
NAME	MOLINAS DE GRACIA, JORGE	52 NAME	DELETE	
STREET ADDRESS	CALLE EBRO 2799, LAS CONDES	53 STREET ADDRESS		
CITY ST ZIP	SANTIAGO CH	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: _____ Jan. 9, 1995 (407) 298-6804
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT R. DRACHENBERG, President

0038661 CP