FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
MASTERS INVESTMENT GROUP, INCORPORTED

Principal Place of Business
2816 ORANOLE WAY
APOPKA FL 32703

Mailing Address
2816 ORANOLE WAY
APOPKA FL 32703

3. Date Incorporated or Qualified: 12/08/1988
3a. Date of Last Report: 01/17/1995
4. FEI Number: 59-2956389 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] No

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DRACHENBERG, ROBERT R.
2816 ORANOLE WAY
APOPKA FL 32703

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 _______ NOTE: Registered Agent signature required when reinstating _______ DATE

12. OFFICERS AND DIRECTORS

Field		Delete
TITLE	D	[ ] DELETE
NAME	HODDER, EVELYN R	
STREET ADDRESS	2703 MANDELIN RD	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	[ ] DELETE
NAME	DRACHENBERG, SUSAN	
STREET ADDRESS	4020 ELLIS RD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VMD	[ ] DELETE
NAME	HODDER, R.G.	
STREET ADDRESS	2703 MANDELIN RD	
CITY-ST-ZIP	APOPKA FL	
TITLE	VSD	[ ] DELETE
NAME	DRACHENBERG, RACHEL	
STREET ADDRESS	2816 ORANOIE WAY	
CITY-ST-ZIP	APOPKA FL	
TITLE	VD	[X] DELETE
NAME	MOLINAS DE GRACIA, JORGE	
STREET ADDRESS	CALLE EBRO 2799, LAS CONDES	
CITY-ST-ZIP	SANTIAGO CH	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field		Change / Addition
1.1 TITLE	VD	[ ] Change [X] Addition
1.2 NAME	DRACHENBERG, RONALD E.	
1.3 STREET ADDRESS	4020 ELLIS RD.	
1.4 CITY-ST-ZIP	FT. MYERS, FI	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 14, 1996 — Date

407-298-6804 — Daytime Phone #