

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 # K72773

1. Corporation Name

DOWCORP INVESTMENT GROUP, INC.

FILED

97 JUN 17 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

782 North Le Jeune Road, Suite 530
Miami, Florida 33126

REINSTATEMENT 04-97

2. Principal Place of Business

2a. Mailing Address

21 782 North Le Jeune Road

26 782 North Le Jeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 530

27 530

City & State

City & State

23 Miami

28 Miami

Zip

Zip

Country

Country

24 33126

29 33126

25 Dade

30 Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
3/15/1989

3a. Date of Last Report
8/12/1993

4. FFI Number
65-0145598

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

DE LEON, ROBERTO
782 N. Le Jeune Road
Suite 530
Miami, Florida 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

ROBERTO DE LEON

(NOTE: Registered Agent signature required when reappointing)

6/5/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P/T/S ☐ DELETE

NAME DE LEON, ROBERTO

STREET ADDRESS 782 N. LE JEUNE ROAD, Suite 530

CITY-ST-ZIP Miami, Florida 33126

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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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 I am a director, or on an attachment with an address.

SIGNATURE:

ROBERTO DE LEON NAME OF SIGNING OFFICER OR DIRECTOR

6/5/97

Date

305-443-3729

Daytime Phone #

CR2E034 (9/96)