

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

~~PROFIT CORPORATION ANNUAL REPORT 1999~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K81850
1. Corporation Name
F.F.F. INVESTORS INC.

Amendment

FILED

99 SEP -7 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6447 MIAMI LAKES DR
S202
MIAMI LAKES FL 33014

Mailing Address
6447 MIAMI LAKES DR
S202
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0129460	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OTRUBA, RICHARD S 6447 MIAMI LAKES DR E STE 213 MIAMI LAKES FL 33014		10. Name and Address of New Registered Agent 81 Name Joseph Andrulonis 82 Street Address (P.O. Box Number is Not Acceptable) 6447 Miami Lakes Drive suite-202 83 84 City Miami Lakes FL 85 Zip Code 33014	
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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 Joseph Andrulonis, President 9-2-99
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	ANDRULONIS, JOSEPH A.	1.2 NAME	500002988235-3
STREET ADDRESS	6447 MIAMI LAKES DR, STE 202	1.3 STREET ADDRESS	-09/15/99--01091--010
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	STD	2.1 TITLE	Change Addition
NAME	GUTIERREZ, JOSE A.	2.2 NAME	
STREET ADDRESS	6447 MIAMI LAKES DR, STE 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	Change Addition
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change Addition

14. I 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, with all other like empowered.

SIGNATURE: 1-14-99 205-550-0402
Signature and typed or printed name of signing officer or director Date Daytime Phone