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## 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# . .

1. Corporation	INVESTMENTS, INC.							
Principal Place of Business Mailing Address				<del></del>		<b>                                    </b>	A BIBLI BEBLI DI	817 81811 1881
14352 SW 142 AVENUE 14352 SW 142 AVENUE								
MIAMI FL 33186 MIAMI FL 33186								
					3. Date Incorporated or Qualifect	ITE IN THIS S	PACE	
					09/01/1989			
Principal Place of Business     2a. Mailing Address					4. FEI Number		Apr	olied For
21 26		26			65-0140010			Applicable
		Suite, Apt. #, etc.	Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 A	1
22 27							Fee Rec	<del>`</del> -
City & State	· <del>[</del>				6. Election Campaign Financing		\$5.00	- 1
23			Country		Trust Fund Contribution		Added to	rees
Zip					<ol> <li>This corporation owes the cur Personal Property Tax.</li> </ol>			□No
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New			
	g. Name and Address of Content	Kegistered Agent	81	Name	10. Hame and Address of them			
EISNOR, WILLIAM J.								
1238 ANASTASIA AVE.			82	Street Add	ress (P.O. Box Number is Not Accep	table)		
CORAL GABLES FL 33134			83					
			84	City		FL	85 Zip C	ode
office or n agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Flore	ia Statutes	i <b>.</b>	ion's board of directors. I hereby acce	DATE	ment as reg	jistered :
10	Signature, typed or printed name of registered agent OFFICERS AND		13.	it signature reduire	ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12
12.	DP OF TOLKS AND	DELETE	1.1 TITLE		ASSITIONS/CHANGES TO C	TIOLINO AND	Change	Addition
NAME	— — — — — — — — — — — — — — — — — — —		1.2 NAME					
				T ADDRESS				
STREET ADDRESS			1.4 CITY-S	ļ				
CITY-ST-ZIP TITLE			2.1 TITLE	1-2,11			Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-5					
TITLE			3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS	1238 ANASTASIA AVENUE			TADDRESS				
CITY-ST-ZIP	MIAMI FL	3.4.0		ST-ZIP				
TITLE	D	DELETE	4.1 TITLE				Change	Addition
NAME	EISNOR, RICHARD DAVID 4.2N		4. 2 NAME		•			
STREET ADDRESS	1238 ANASTASIA AVENUE		4.3 STREE	TADDRESS				ļ
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE	[	•		Change	☐ Addition
NAME	EISNOR, CASEY DEAN		5.2 NAME					
STREET ADDRESS	1238 ANASTASIA AVENUE			T ADDRESS				ļ
CITY-ST-ZIP	MIAMI FL		5.4 CITY-S	T-ZIP				F** A J J 112 -
I TOTALE		□ DELETE	6.1 TITLE	ł			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 supply mental 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 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 changes of the corporation with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

C/TY-ST-ZIP