

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **L29262** (7)
 1. Corporation Name
P.I.C. INVESTMENT CORP.



Principal Place of Business
7880 WEST 20TH AVENUE
SUITE 43
HIALEAH FL 33016

Mailing Address
7880 WEST 20TH AVENUE
SUITE 43
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1989

4. FEI Number
65-0154935

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 **7527 WEST 24th AVENUE**
 Suite, Apt. #, etc.
 22 **A**
 City & State
 23 **HIALEAH**
 Zip
 24 **33014** Country
 25 **DADE**

2a. Mailing Address
 26 **7527 WEST 24th AVENUE**
 Suite, Apt. #, etc.
 27 **A**
 City & State
 28 **HIALEAH**
 Zip
 29 **33014** Country
 30 **DADE**

9. Name and Address of Current Registered Agent
FERNANDEZ, ROBERT D.
7880 WEST 20TH AVENUE
SUITE 43
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name **same**

82 Street Address (P.O. Box Number is Not Acceptable)
7527 WEST 24th AVENUE

83 **SUITE A**

84 City **HIALEAH** FL 85 Zip Code **33014**

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 *Robert Fernandez* DATE **1-6-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, ROBERT D.	
STREET ADDRESS	7880 WEST 20TH AVE., SUITE 43	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	PD	
1.3 STREET ADDRESS	FERNANDEZ, ROBERT D.	
1.4 CITY-ST-ZIP	7527 WEST 24th AVENUE, SUITE A	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Robert Fernandez* DATE: **1-10-98** (305) 828-7557