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

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90221 046 ***150.00

r. Corporation	MENT # L39872 INVESTMENT, INC.							
Principal Place	e of Business	Mailing Address				ION BIEN DION E	fili nieli leni	
1636 SW 101 AVE 1636 SW 101 AVE							•	
MIAMI FL 33165-7445 MIAMI FL 33165-7445					DO NOT WRITE IN THIS	CDACE		
	•				3. Date Incorporated or Qualifed	SPACE	<u>. </u>	
ı					12/22/1989		[
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Apr	lied For	
21		26			65-0200617	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22		27			J. Certificate of Otalias Desired	Fee Re		۔۔
City & State	3	City & State			==6,≈Election Campaign Financing	\$5.00		
23		28 Zin		untry	Trust Fund Contribution	Added to	rees /	
Zip	Country 25	Zip 29	30	urra y	This corporation owes the current year Interpretation Personal Property Tax.		ŒNo	
24	9. Name and Address of Current		30	T	10. Name and Address of New Registered			
	•		7	81 Name				
	ez, carlos			82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
	S SW 101 AVE			Street Addre				
MAIM	AI FL 33165			83				
ı				84 City_		85 Zip C	ode .	
ļ					FL.	.		ļ
office or re	enistered agent, or both, in the State o	2 and 607.1508, Florida St	atutes, the	above-named corpo	oration submits this statement for the purpose of	cnanging its .	registered	ì
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505,	Florida Sta	tutes.	on's board of directors. Thereby accept the appoin	itilierit as reg	jistorou	
agent. I ar SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505,	Florida Sta	tutes.		itilent as reg		
agent. I ar	m familiar with, and accept the obligat Signature, typed or printed name of registered agent	t and title if applicable. (N	Florida Sta	tutes. d Agent signature required	d when reinstating) DATE			é
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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, if on an attachment with an address, with all other like empowered.

SIGNATURE: 2

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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