

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L87370 (7)
1. Corporation Name
BALFOUR INVESTMENT GROUP, INC.

Principal Place of Business
2121 DOUGLAS RD
MIAMI FL 33145

Mailing Address
2121 DOUGLAS RD
MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 390 OCEAN DRIVE - MIAMI BEACH FL 33139		2a. Mailing Address 26 350 OCEAN DRIVE - MIAMI BEACH FL 33139		3. Date Incorporated or Qualified 07/17/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0211102	
22 City & State MIAMI BEACH FL		27 City & State MIAMI BEACH FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33139		Country U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33139		25 U.S.A.		28 33139	
29 U.S.A.		30 U.S.A.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PEREZ, FIDEL A. 2121 DOUGLAS ROAD MIAMI FL 33145		10. Name and Address of New Registered Agent 81 Name LOURDES Y. PINDER 82 Street Address (P.O. Box Number is Not Acceptable) 350 OCEAN DRIVE 83 84 City MIAMI BEACH FL 85 Zip Code 33139	
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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 *Louderes Y. Pinder* LOURDES Y. PINDER 4/29/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PEREZ, FIDEL 2121 DOUGLAS RD MIAMI FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/C/D ROBERTO TARAPA 8849 NW 117 STREET HIALOM GARDENS, FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, ANTONIO 2121 DOUGLAS RD MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S/D ANTONIO RODRIGUEZ 11440 NORTH KENDALL DR. #206 MIAMI, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SARRAF, RAUL 2121 DOUGLAS RD MIAMI FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T/D LOURDES YAGOR DE DIAZ 12124 SW 131 AVENUE MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V/D PABLO ANDRADE 1535 NW 79TH AVENUE MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	M/D LOURDES Y. PINDER 11798 SW 100 STREET MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Louderes Y. Pinder* LOURDES YAGOR DE DIAZ 4/29/98 (305) 256-9071
Signature typed or printed name of signing officer or director Date Daytime Phone # 0200018

CR2E034 (10/97)