FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L98482** **(7)**

1. Corporation Name

OURINVEST INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
1395 BRICKELL AVE 8TH FLOOR MIAMI FL 33131	1395 BRICKELL AVE 8TH FLOOR MIAMI FL 33131

3. Date Incorporated or Qualified: **09/10/1990**
3a. Date of Last Report: **01/20/1995**

4. FEI Number: **65-0239661** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address	Street Address
22	27
City & State	City & State
23	28
Zip / 24	Country / 25
Zip / 29	Country / 30

9. Name and Address of Current Registered Agent

SLOSBERGAS, NELSON
520 BRICKELL KEY DR
SUITE 0-3-5
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: SLOSBERGAS,NELSON
82 Street Address (P.O. Box Number is Not Acceptable): 501 BRICKELL KEY DRIVE
83 SUITE 400 (COURVOISIER CENTRE)
84 City: MIAMI **FL** 85 Zip Code: 33131

11. Pursuant to the provisions of Section 607.0502 or 620.1008, 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: NELSON SLOSBERGAS — DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	HORN, JOSEPH	
STREET ADDRESS	520 BRICKELL KE DR 0-305	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	EICHENWALD, RICARDO	
STREET ADDRESS	520 BRICKELL KE DR 0-303	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
11 TITLE	D	☐ Change ☒ Addition
12 NAME	HORN, RALPH	
13 STREET ADDRESS	501 BRICKELL KEY DRIVE	
14 CITY-ST-ZIP	MIAMI FL 33131	
21 TITLE	D	☐ Change ☒ Addition
22 NAME	PAZOS, WILLIAM A.	
23 STREET ADDRESS	501 BRICKELL KEY DRIVE	
24 CITY-ST-ZIP	MIAMI FL 33131	
31 TITLE	D	☒ Change ☐ Addition
32 NAME	HORN, JOSEPH	
33 STREET ADDRESS	501 BRICKELL KEY DRIVE	
34 CITY-ST-ZIP	MIAMI FL 33131	
41 TITLE	D	☒ Change ☐ Addition
42 NAME	EICHENWALD, RICARDO	
43 STREET ADDRESS	501 BRICKELL KEY DRIVE	
44 CITY-ST-ZIP	MIAMI FL 33131	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this report or supplemental 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 above or on an attached amendment with an asterisk.

SIGNATURE: RICARDO EICHENWALD March 27/96 (305)539-9980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #