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Jun 26 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 # **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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 1200 Brickell Ave.	3. Date Incorporated or Qualified 09/10/1990
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 1220	4. FEI Number 65-0239661 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami, Florida	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 33131-3300 / 30 U.S.	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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SLOSBERGAS, NELSON 501 BRICKELL KEY DR SUITE 400 COURVOISIERF CENTRE MIAMI FL 33131	81 Name: STEPHEN FREEMAN 82 Street Address (P.O. Box Number is Not Acceptable): 520 Brickell Key Dr. 83: SUITE # 0-305 84 City: Miami FL 85 Zip Code: 33131

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 _____ May 5, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Director and President	☑ Change ☐ Addition
NAME	HORN, JOSEPH		1.2 NAME	William A. Pazos	
STREET ADDRESS	501 BRICKELL KEY DR		1.3 STREET ADDRESS	520 Brickell Key Dr. Suite0-305	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL	
TITLE	D	☒ DELETE	2.1 TITLE	Vice-President	☐ Change ☑ Addition
NAME	EICHENWALD, RICARDO		2.2 NAME	Moise Politi	
STREET ADDRESS	501 BRICKELL KEY DR		2.3 STREET ADDRESS	520 Brickell Key Dr.Suite # 0-305	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	☒ DELETE	3.1 TITLE	Assistant Vice-President	☐ Change ☑ Addition
NAME	HORN, RALPH		3.2 NAME	Melissa M. Ruth	
STREET ADDRESS	501 BRICKELL KEY DR		3.3 STREET ADDRESS	520 Brickell Bay Dr. # 0-305	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	☒ DELETE	4.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	PAZOS, WILLIAM A		4.2 NAME	Stephen Freeman	
STREET ADDRESS	501 BRICKELL KEY DR		4.3 STREET ADDRESS	520 Brickell Key Dr.Suite # 0-305	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ William A. Pazos APRIL 15, 1998