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

DOCUMENT # MOOSE

1. Corporation	NAME INVESTMENT CORP.	,			
Principal Place	e of Business	Mailing Address		i i Pålæri (i i i i i i i i i i i i i i i i i i	1 A1011 Dibit Blott Statt blott 1801
5020 RIVIERA DRIVE CORAL GABLES FL 33146 5020 RIVIERA DRIVE CORAL GABLES FL 33146				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 03/20/1986	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-2651054	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	<u>⊢</u> — ′ –	30	Personal Property Tax.	√Yes □No
24	9. Name and Address of Curren		1	10. Name and Address of New Registere	d Agent
SAN	CHEZ, HILARIO A.		81 Name	,	
5020 RIVIERA DR.				ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33146			83		ļ
			84 City	F	L 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age.	tions of, Section 607,0505, Fibric	s, the above-named corp thorized by the corporation da Statutes. Registered Agent signature requires	oration submits this statement for the purpose on's board of directors. I hereby accept the app	or changing its registered ointment as registered
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TIYLE		☐ Change ☐ Addition
NAME	SANCHEZ, HILARIO A		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1,4 CITY-ST-ZIP	·	·
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, ANTONIA T.		2.2 NAME		İ
STREET ADDRESS	DR REDI DD		2.3 STREET ADDRESS	and the second of the second o	
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	·	.
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		}
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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	1	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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, with all other like empowered.

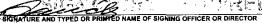
6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS



2/23/99

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90172 033 ***150.00

(305) 666-1968