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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M34968

1. Corporation Name

INDIAN RIVER INVESTMENTS MANAGEMENT COMPANY, INC

Principal Place of Business

269 NW 7TH ST
P. O. BOX 015222
MIAMI FL 33136
US

Mailing Address

269 NW 7TH ST
MIAMI FL 33136
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1986

4. FEI Number

59-2779660

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3214 NE 2nd Ave.

26 3214 NE 2nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State,
23 Miami, Florida

27 City & State,
28 Miami, Florida

24 Zip 33137 Country U.S.A.

29 Zip 33137 Country U.S.A.

9. Name and Address of Current Registered Agent

WEITZEL, TED H.
269 N.W. 7TH STREET
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name Jose Dearing

82 Street Address (P.O. Box Number is Not Acceptable)
3214 NE 2nd Ave.

83

84 City Miami

85 Zip Code FL 33137

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME WEITZEL, TED H.
STREET ADDRESS 269 NW 7TH ST #416
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ DELETE
NAME WEITZEL, RUTH
STREET ADDRESS 269 NW 7TH ST #416
CITY-ST-ZIP MIAMI FL 33136

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

1.1 TITLE P.S.D. ☐ Change ☒ Addition
1.2 NAME Tamara Talamas
1.3 STREET ADDRESS 3214 NE 2nd Ave.
1.4 CITY-ST-ZIP Miami, Fl. 33137

2.1 TITLE D. ☐ Change ☒ Addition
2.2 NAME Leticia Cianfoni
2.3 STREET ADDRESS 3214 NE 2nd Ave.
2.4 CITY-ST-ZIP Miami, Fl. 33137

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

March 30, 1999. (305) 5731426

0271536

CR2E034 (11/98)