

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2003 8:00 am
Secretary of State

04-23-2003 90303 022 ***150.00

DOCUMENT # P020000 33691

1. Entity Name

INVESTMENTS 22, INC.

55043138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
717 PONCE DE LEON BLVD

Suite, Apt. #, etc.

S-214

3. Mailing Address
PO. BOX 144133

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
01-0697476

Applied For
Not Applicable

Zip
33134

Country
USA.

Zip
33114-4133

Country
USA.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALFREDO G. DURAN

Street Address (P.O. Box Number is Not Acceptable)
2601 S. BAYSHORE DR.

S-1400

City
MIAMI FL Zip Code
33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January, May Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PIP
RAMON DORTA
717 PONCE DE LEON BLVD. S-214
CORAL GABLES, FL. 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SID
FRANCISCO DORTA
Same

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TID
JUAN TRIVELA
Same

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GONZALO VIVAS
Same

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V PRES / DIR
RAMON DORTA

4/14/03

(305)

567-0097

Date

Daytime Phone #

CR2E034B (12/01)