## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # **P92000004356** (1)

| Principal Plac<br>4131 LAGUNA<br>CORAL GABLE  | ST  | Mailing Address<br>4131 LAGUNA ST<br>CORAL GABLES FL 33148-1   | 1408                            |  |                                      |  |
|---|---|--|---------------------------------|--|--------------------------------------|--|
|   |   |  |                                 | 3. Date Incorporated or Qualified 11/13/1992   | d Sa. Date of Last Report 06/06/1996 |  |
| h   | lace of Business                                    | 2a. Mailing Address  |                                 | 4. FEI Number<br>98-0129142  | Applied For                          |  |
| Suite Apt.  | Suite Apt. #, etc. Suite, Apt. #, etc.              |  |                                 |  | Not Applicable \$8.75 Additional     |  |
| 22  |   | 27   |                                 | 5. Certificate of Status Desired   | Fee Required                         |  |
| City & Start  | 0   | City & State   |                                 | Election Campaign Financing     Trust Fund Contribution                                | \$5.00 May Be Added to Fees          |  |
| Ziρ   | Country   | Zip  | Country                         | ,  | or intangible tax under s. 199.032,  |  |
| 24  | 25  |  | 30                              | Florida Statutes   | Yes No                               |  |
|   | 9. Name and Address of Curren                       | i negistered Agent   | 81 Name 1                       | 10, Name and Address of New  | Hegistered Agent                     |  |
| BASCUAS, ERNESTO<br>% INTERVEST INVESTMENT GROUP<br>4131 LAGUNA ST<br>CORAL GABLES FL 33146 |   |  |                                 | 82 Street Address (P.O. Box Number is Not Acceptable) 83 8230 SW 62 Ct                 |                                      |  |
|   |   |  | 84 City .                       | liami  | FL 85 Zip Code 3 143                 |  |
| 11. Pursuant  | to the provisions of Sections 607.050.              | 2 and 607 1508, Florida Statute                                | es, the above-named co          | orporation submits this statement for the  | e purpose of changing its registered |  |
| office or r   | registered agont, or both, in the State             | of Florida, Such change was a stiggs of, Section 607,0505, Flo | uthorized by the corpor         | orporation submits this statement for thr<br>ration's board of directors. I hereby acc | cept the appointment as registered   |  |
| SIGNATURE   | Lat lelekono  |  |                                 | de pu)   | 4/22/87                              |  |
| SIGNATURE   | horning, benefit or firsted name of registrated age | nt and title ( at peoble. (NOTE                                | Registered Applit signature rec | ·  | DATE                                 |  |
| 12.   | OFFICERS ANI  |  | 13.                             | ADDITIONS/CHANGES TO OF  | FICERS AND DIRECTORS IN 12           |  |
| THLE  | DPTS ON ONO   | ☐ DELETE   | 1.1 TITLE                       |  | Change Addition                      |  |
| NAM <del>E</del>  | PINASCO, GINO<br>4131 LAGUNA ST                     |  | 1.2 NAME                        |  |                                      |  |
| STREET ADDRESS  | CORAL GABLES FL 33146                               |  | 1.3 STREET ADDRESS              | /AS  |                                      |  |
| City-St-ZIP   | VAS   | DELETE   |                                 |  | Change Addition                      |  |
| TILLE<br>NAME   | BASCUAS, ERNESTO                                    | DELETE   | 2.1 TITLE<br>2.2 NAME           | Katerina Velikopol<br>3230 SW 62 Ct  | SKI LI Change LAN Addition           |  |
| STREET ADDRESS  | 4131 LAGUNA ST                                      |  | 23 STREET ADDRESS               | 3230 SW 02 G   | 4.0                                  |  |
| CITY-ST-ZIP   | CORAL GABLES FL 33146                               |  | 2 4 CITY-ST-ZIP                 | Hiami, 72 331  | 43                                   |  |
| TITLE   |   | DELETE   | 3.1 YITLE                       | ***************************************  | Change Addition                      |  |
| NAME  |   |  | 3.2 NAME                        |  |                                      |  |
| STREET ADDISESS   |   |  | 3.3 STREET ADDRESS              |  |                                      |  |
| CITY-SI-ZIP   |   |  | 3.4. CITY-ST-ZIP                |  |                                      |  |
| TITLE   |   | ☐ DELETE   | 4.1 TiTLE                       |  | Change Addition                      |  |
| NAMI  |   |  | 4. 2 NAME                       |  |                                      |  |
| STREET ADDRESS  | (   |  | 43 STREET ADDRESS               |  |                                      |  |
| CITY-S1-ZIF   |   |  | 4.4 CITY - ST - ZIP             |  |                                      |  |
| TITLE   |   | DELETE   | 5.1 TITLE                       |  | Change Addition                      |  |
| NAM <del>£</del>  |   |  | 5.2 NAME                        |  |                                      |  |
| STHEET ADDRESS  |   |  | 5.3 STREET ADDRESS              |  | · '                                  |  |
| CrTY+S1+ZIF   |   |  | 5.4 CITY-ST-ZIP                 |  |                                      |  |
| 7111.8  |   | DELETE   | 6.1 TITLE                       |  | Change Addition                      |  |
| NAME  | Į.  |  | 6.2 NAME                        |  |                                      |  |
| STREET ADDRESS  |   |  | 63 STREET ADDRESS               |  |                                      |  |

SIGNATURE:

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does no 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 of 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 changing or on an enternment with an address.

**FILED** 

Apr 29 1997 8:00am

Secretary of State