DOCUMENT # 1. Entity Name

INVESTMENTS OF AMERICA NO.2, INC.

P92000010061

Principal Place of Business

1717 N BAYSHORE DR

STE 208

MIAMI FL 33132

Mailing Address

1717 N BAYSHORE DR

STE 208

MIAMI FL 33132



FILED

05-14-2002 90258 001 ***150.00 05-14-2002 90258 002 *****8.75

May 14, 2002 8:00 am Secretary of State

) 16) 1	1)20) 1)21) 122)	
	Place of Business	3. Mailing Address			1 104/1991 (18 18/10 (164) 00/10 89 /1	T GORAL BOLOL RIBLE GO			
	hambra Circle	150 Alhambr	a Circle	:					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WEI	TE IN THIS SPAC	·=		
Suite 8		Suite 800		ĺ	20 1101 11111	TE IIV TITIO OF AC	, E		
City & Stat	te	City & State	·	4.	FEI Number CE 0202040		1 1	pplied For	_
Coral (Cables FI.	Coral Gable	a 17.1		65-0383218			ot Applicable	\exists
Zip	Country	Zip	Country			60			\dashv
33134	USA	33134	USA	5.	Certificate of Status Desired	₩ 50 0.	/ 5 Ad Require	ditional	1
	6. Name and Address of Current F	Registered Agent	USA	7.	Name and Address of New R				┥
	-		Name			egioterea Agen	•		\dashv
S & K PRO	PERTY MANAGEMENT INC	S & K F			Property Management, Inc.				
1717 N BA	YSHORE DR	Street Address ((P.O. Box Number is Not Acceptable)				
STE 208			150	Alham	bra Circle				╛
	2040		Cons	te 800					
MIAMI FL 3	8132		City	re out			ip Cod		
<u> </u>			Cor	al Gab	les	- FL	331	_	
8. The above	named entity submits this statement for	the purpose of changing its	registered office o	r registered ag	ent, or both, in the State of Flo	rida	۱. پـــ		7
/ /	V ()				,				
SIGNATURE	Lidia Contana	_	Lidia	Cartain	- 114 D		,		
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signa	ture required when re	a, Vice Presidentating)	lent U4	/29	/02	
9 This corpo	eration in cligible to potice its lease it.	T	- 	-					4
9. This corporation is eligible to satisfy its Intangible STax filing requirement and elects to do so.		FILE NOW!!! FEE IS \$150.00			10. Election Campaign Fina	ancino	\$5.0	0 Mav Be	1
(See criteria on back)		After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00					
		Males Obsests December			Trust Fund Contribution	1. 🗆	Added		
	· · · · · · · · · · · · · · · · · · ·			t of State	Trust Fund Contribution	n. 📙	Added	to Fees	
11.	OFFICERS AND D	IRECTORS	e to Departmen	t of State		_			-
11.	OFFICERS AND D			t of State	DITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	S IN 11	 - - -
11. TITLE NAME	OFFICERS AND D PD BUCKREUS, GERTI	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	S IN 11	
11. TITLE NAME STREET ADDRESS 1	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS	S IN 11	(0,0)
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132	IRECTORS	12. TITLE NAME	AD 150 Al	 DITIONS/CHANGES TO OFFI hambra Circle	CERS AND DIRE	CTORS	S IN 11	1004 (000)
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV	IRECTORS	12. TITLE NAME STREET ADDRESS	AD 150 Al	 DITIONS/CHANGES TO OFFI hambra Circle	CERS AND DIRE	CTORS hange	S IN 11 Addition	DOCOM (0/04)
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA	IRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD 150 Al	 DITIONS/CHANGES TO OFFI hambra Circle	CERS AND DIRE	CTORS hange	S IN 11	CD01004 (0104)
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA	IRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	AD 150 Al Coral	DITIONS/CHANGES TO OFFI Lhambra Circle Gables, FL 3	CERS AND DIRE	CTORS hange 80 hange	G IN 11 Addition Addition	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV	IRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE 7. Suite 3134 8. Suite	CTORS hange 80 hange	G IN 11 Addition Addition	CD0E034 (0/04)
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	IRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Al Coral	DITIONS/CHANGES TO OFFI Lhambra Circle Gables, FL 3	CERS AND DIRE Suite 3134 Suite 3134	CTORS hange 80 hange	G IN 11 Addition Addition	CDOLOGY (OLOGY)
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	IRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE 7. Suite 3134 8. Suite	CTORS hange 80 hange	G IN 11 Addition Addition	Choroca (of other
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	IRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE Suite 3134 Suite 3134	CTORS hange 80 hange	G IN 11 Addition Addition	100000000000000000000000000000000000000
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	IRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE Suite 3134 Suite 3134	CTORS hange 80 hange	G IN 11 Addition Addition	Color recorded
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	IRECTORS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE Suite 3134 Suite 3134	CTORS hange 80 hange	G IN 11 Addition Addition	CDOING FOOD
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	IRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE Suite 3134 Suite 3134	hange 80 hange nange	G IN 11 Addition Addition	ODOLOGO VOCA
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	IRECTORS Delete Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE 7, Suite 3134 7, Suite 3134	hange 80 hange nange	O Addition Addition	CDOLOGY
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	IRECTORS Delete Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE 7, Suite 3134 7, Suite 3134	hange 80 hange nange	O Addition Addition	Color round
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	IRECTORS Delete Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE 7, Suite 3134 7, Suite 3134	hange 80 hange nange	O Addition Addition	CBOECON (O)ON
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	Delete Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE 3134 Suite 3134 CHOCK	CTORS hange 80 hange 80 hange	O Addition Addition Addition	CDOECON VOICE
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	IRECTORS Delete Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE 7, Suite 3134 7, Suite 3134	CTORS hange 80 hange 80 hange	O Addition Addition	1000 1000 CO
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD BUCKREUS, GERTI 1717 N. BAYSHORE DR., STE 208 MIAMI FL 33132 SV CARTAYA, LIDIA 1717 N. BAYSHORE DR., STE 208	Delete Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Al Coral	hambra Circle Gables, FL 3	CERS AND DIRE 3134 Suite 3134 CHOCK	CTORS hange 80 hange 80 hange	O Addition Addition Addition	120/0/ F002000

CITY-ST-ZIP 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 Block 12 if changed, or on an appears in the corporation of the c

TITLE

NAME

STREET ADDRESS

SIGNATURE:™

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

े ्रिक्टि Lidia Cartaya, VP

04/29/02

(305) 476-0955

Addition