

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014759 (4)

1. Corporation Name

FLORIDA INVESTMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/29/1992

3a. Date of Last Report
04/22/1994

4. FEI Number
65-0404013

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1036 S.W. 1 ST.

26

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 MIAMI FLO.

28

Zip

Country

Zip

Country

24 33130

25 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT
CANTERA ASSOCIATES, INC
1036 SW 1 STR
MIAMI FL 33130

81 Name
FLORIDA ANNUAL REPORT SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.

83

84 City
MIAMI

FL

85 Zip Code
33130

11. Pursuant to the provisions of Sections 607.05(2) 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, typewritten name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

AMADA C. LOPEZ, PRES. 1/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST
NAME CANTERA, AMADA L
STREET ADDRESS 1040 SW 1ST ST
CITY-ST-ZIP MIAMI FL 33130

1.1 TITLE D/P/S/T.
1.2 NAME LOPEZ-CANTERA AMADA.
1.3 STREET ADDRESS 1040 S.W. 1st.ST.
1.4 CITY-ST-ZIP MIAMI FLORIDA, 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 000001390240
2.4 CITY-ST-ZIP -01/26/95--01058--004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 000001390240
3.4 CITY-ST-ZIP -01/26/95--01058--016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP *****0.75 *****0.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECT/PRES/SEC.

1/17/95

1/20