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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000014759 (4)

1. Corporation Name

FLORIDA INVESTMENT GROUP, INC.

Principal Place of Business

1036 S.W. 1 ST.
MIAMI FL 33130

Mailing Address

1036 S.W. 1 ST.
MIAMI FL 33130

2. Principal Place of Business

21 2300 CORAL WAY
Suite, Apt. #, etc.

2a. Mailing Address

26 2300 CORAL WAY
Suite, Apt. #, etc.

22 City & State

23 MIAMI, FLORIDA
Zip Country

24 33145

25 USA

27 City & State

28 MIAMI, FLORIDA
Zip Country

29 33145

30 USA

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
1036 S.W. 1 ST.
MIAMI FL 33130

3. Date Incorporated or Qualified
12/29/1992

3a. Date of Last Report
01/20/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

FLORIDA ANNUAL REPORT SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

2300 CORAL WAY, SUITE 200

83

84 City

MIAMI

FL

85 Zip Code

33145

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST
1.2 NAME Lopez-Cantera, Amada
1.3 STREET ADDRESS 2300 Coral Way, Suite 201
1.4 CITY-ST-ZIP Miami, Florida 33145

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(305) 854-1040

Date

Daytime Phone #

CR2E034 (12/95)