

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

CORPORATION ANNUAL REPORT 1995

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



**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 17 AM 10:00**

DOCUMENT # **P93000001371 (2)**  
1. Corporation Name  
**THE INVESTMENT GROUP, INC.**

Principal Place of Business Mailing Address  
**22166 SW 98 CT SUITE 301 M MIAMI FL 33190 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 **9620 SW 182 ST.** 26 **9620 SW 182 ST.**  
22 **Miami** 27 **Miami**  
23 **FL.** 28 **FL.**  
24 **33157 USA** 29 **33157 USA**

3. Date Incorporated or Qualified **01/08/1993** 3a. Date of Last Report **08/14/1994**  
4. FEI Number **65-0387916** 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

9. Name and Address of Current Registered Agent  
**FERNANDEZ, RUBEN J  
2216 SW 98 CT  
SUITE 301 M  
MIAMI FL 33190**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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]* **RUBEN J. FERNANDEZ (PRESIDENT)** **MARCH 8, 1995**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | <b>D</b>                  |
| NAME            | <b>FERNANDEZ, RUBEN J</b> |
| STREET ADDRESS  | <b>22166 SW 98 CT</b>     |
| CITY - ST - ZIP | <b>MIAMI FL</b>           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| 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           | <b>PRESIDENT</b>           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>FERNANDEZ, RUBEN J.</b> |  |
| 1.3 STREET ADDRESS  | <b>9620 SW 182 ST.</b>     |  |
| 1.4 CITY - ST - ZIP | <b>MIAMI, FL - 33157</b>   |  |
| 2.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                            |  |
| 2.3 STREET ADDRESS  |                            |  |
| 2.4 CITY - ST - ZIP |                            |  |
| 3.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                            |  |
| 3.3 STREET ADDRESS  |                            |  |
| 3.4 CITY - ST - ZIP |                            |  |
| 4.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                            |  |
| 4.3 STREET ADDRESS  |                            |  |
| 4.4 CITY - ST - ZIP |                            |  |
| 5.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                            |  |
| 5.3 STREET ADDRESS  |                            |  |
| 5.4 CITY - ST - ZIP |                            |  |
| 6.1 TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 110.07(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 its 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]* **RUBEN J. FERNANDEZ** **MARCH 8, 1995** **305-256-0010**  
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**