PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90023 013 ***150.00

1	JMENT # P9300 O INVESTMENTS, INC.	0005300			
Principal Pla	ice of Business	Mailing Address		T ISBNIES IN TOTAL WINE STATE IN THE STATE OF THE STATE O	59151 00181 81100 11511 99151 8811 1
21 SE 1 AV		21 SE 1ST AVE			
300 Miami Fl 331	34	STE 300			
US	JI	MIAMI FL 33131 US		DO NOT WRITE IN 1 3. Date Incorporated or Qualified	HIS SPACE
				01/19/1993	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0411262	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	-	5. Certifcate of Status Desired	\$8.75 Additional
City & Sta	ofe	27		_	Fee Required
23	-	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	, Added to Fees
24	25	_ ├ `	30	This corporation owes the current year Personal Property Tax.	ir Intangible Mayes □No
	9. Name and Address of Curre			10. Name and Address of New Registe	
ADE	EDANICO		81 Name		7
ABE FRANCO			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
21 S/E 1ST AVE SUITE 1609					* * .
	MI FL 33131		83		
,,,,,			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	e the above named core	and the section to the state of	=L 00 2 0000
	registered agent, or both, in the State am familiar with, and accept the oblig			on's board of directors. I hereby accept the ap	or changing its registered pointment as registered
SIGNATURE		ations of, Section 607.0505, Flori	da Statutes.		_
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D ARRAMAN	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRANCO, ABRAHAM		1.2 NAME		
STREET ADDRESS	21 SE 1 AV MIAMI FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FE	☐ DELETE	1.4 CITY-ST-ZIP		
NAME		- Deterie	2.1 TITLE 2.2 NAME		Change
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		٠. ا
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		_ ,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		,
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP		
NAME		ت مورد اد	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ì
CITY-ST-ZIP			6.4 CITY-ST-ZIP	•	j

4. 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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

BNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/11/99

374 //69 Daytime Phone # CR2F034 /11/9