

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P93000005314 (8)**

1. Corporation Name

FALCON INVESTMENT GROUP, INC.

95 MAY -1 PM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

580 NW 165TH STREET RD.
SUITE 300
MIAMI FL 33169

Mailing Address

PO BOX 693780
MIAMI FL 33269-0780
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/19/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0385933

65-073111

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

FRAYND, PAUL
580 NW 165TH STREET RD.
SUITE 300
MIAMI FL 33169

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, typed or printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when necessary

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME FRAYND, PAUL
STREET ADDRESS 580 NW 165TH STREET RD., SUITE 300
CITY, ST, ZIP MIAMI FL 33169

TITLE D
NAME FRAYND, MARCOS
STREET ADDRESS 580 NW 165TH STREET RD., SUITE 300
CITY, ST, ZIP MIAMI FL

TITLE DST
NAME FRAYND, SAUL
STREET ADDRESS 580 NW 165TH STREET RD., SUITE 300
CITY, ST, ZIP MIAMI FL 33169

TITLE DV
NAME SINGER, FANNE F
STREET ADDRESS 580 NW 165TH STREET RD., SUITE 300
CITY, ST, ZIP MIAMI FL 33169

TITLE DV
NAME ORNER, GLADYS F
STREET ADDRESS 580 NW 165TH STREET RD., SUITE 300
CITY, ST, ZIP MIAMI FL 33169

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ 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)(b), 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. I am an officer or director of the corporation or a 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 amendment with an addendum.

SIGNATURE:

[Signature]

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/95

(305)945-9200

Date

Telephone Number