FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000005314 (8)

1. Corporation Name
FALCON INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
560 NW 165TH STREET RD. SUITE 300 MIMAI FL 33169	PO BOX 693760 MIMAI FL 33269-0760 US

3. Date Incorporated or Qualified: 01/19/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0473111 — ☐ 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 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

FRAYND, PAUL
560 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FRAYND, PAUL	
STREET ADDRESS	560 NW 165TH STREET RD., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	☐ DELETE
NAME	FRAYND, MARCOS	
STREET ADDRESS	560 NW 165TH STREET RD., SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	☐ DELETE
NAME	FRAYND, SAUL	
STREET ADDRESS	560 NW 165TH STREET RD., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DV	☐ DELETE
NAME	SINGER, FANNIE F	
STREET ADDRESS	560 NW 165TH STREET RD., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DV	☐ DELETE
NAME	~~ORNER, GLADYS F~~	
STREET ADDRESS	560 NW 165TH STREET RD., SUITE 300	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		☐ DELETE
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	Gladys FRAYND	
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 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — April 29,1996 (Date) — (305)945-9200 (Daytime Phone #)

CR2E034 (12/95)