## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

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NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300009655 (0)

DOWN	TOWN INVESTMENTS, IN	<b>√C</b> ·	• • •			1 1101111 12 12 12 12 12 12 12 12 12 12 12 12			
Principal Place of Business Mailing Address			ress	, PP		I INDSTADRY ISIN (BYING BYING BATTI BATTI BATTI BATTI BATTI	IO IDIIO BILDI DI	101 0111 10 <b>01</b>	
1000 PONCE CORAL GABL	DE LEON: SUITE 334 LES FL 33134	1000 PONCE DE LEON. SUITE 334 CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 02/09/1993			
2. Principal P	Place of Business	2a. Mailing /	2a. Mailing Address			4. FEI Number Applied For			
1		26				65-0388712	————	ot Applicable	
Suite, Apt.	#, e1c.		Suite, Apt. #, etc.			5. Certificate of Status Desired			
City & Stat	6	City & St 28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip			Country		8. This corporation owes or has paid the cu			
4	25	29	[3	10				□ No	
	g. Name and Address of Cu	rrent Registered Age	ent	81	Name	10. Name and Address of New Registered	Agent		
	00 PONCE DE LEON, SUITE DRAL GABLES FL 33134	334		82 83		dress (P.O. Box Number is Not Acceptable)			
				84	City	FL	<b>85</b> Zip	Code	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607 registered agent, or both in the Sam familiar with, and accept the o					rporation submits this statement for the purpose cation's board of directors. I hereby accept the apparent when reinstating)  DATE	changing in contract as	ts registered registered	
12,		S AND DIRECTORS	(NOTE:	13.	eni signature requ	ADDITIONS/CHANGES TO OFFICERS AN	DIBECTOR	RS IN 12	
			Del CTE						
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TITLE	<b>,</b> -	Ĺ	_] DECE IE	1.1 TITLE 1.2 NAME			☐ Change	Additio	
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6.4 CITY-ST-ZIP

14. 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 supplicitional 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 enon an attachment with an address.

3.3 STREET ADDRESS

1.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

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May 12 1998 8:00am

Secretary of State