Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90021 029 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	NENT # P9300 IVESTMENTS, INC.	0009933		
Principal Place	of Business	Mailing Address		t 105/1001 lie (5100 little delte ebett ebett ebett delte rette rette peres sures turt teat
21 S.E. 1ST AVE STE. 300 MIAMI FL 33131		21 S.E. 1ST AVE STE. 300 MIAMI FL 33131		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualifed 02/05/1993
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0470649 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 3		Personal Property Tax. A Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registered Agent
FRANCO, ABRAHAM			1 1 7	ress (P.O. Box Number is Not Acceptable)
i .	.E. 1ST AVE.		83	
STE. 300 MIAMI FL 33131			65	
MIMINI FL 99191			84 City	FL 85 Zip Code
office or re agent. I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob- Signature, typed or printed name of registered	ligations of, Section 607.0505, Floric	i, the above-hamed corp horized by the corporation da Statutes. Registered Agent signature require	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered advised when reinstating)
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	D	☐ DELETE	1.1 TITLE	
NAME	FRANCO, ABRAHAM		1.2 NAME	
STREET ADDRESS	21 S.E. 1ST AVE.		1.3 STREET ADDRESS	,
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
TITLE			2.2 NAME	
NAME ATREET ADORESS			2.3 STREET ADDRESS	•
STREET ADDRESS			2. 4 CITY-ST-ZIP	and the second of the second o
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP	<u></u>		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE			5.1 TITLE 5.2 NAME	,
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP		DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE		<u> </u>	6.2 NAME	
NAME			6.3 STREET ADDRESS	

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: