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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name P93000019741 (6)

FILED Mar 02 1998 8:00am Secretary of State

I DEMOT	'AN INVES	STMENTS, INC.												
Principal Plac	e of Busines	s	Mailing Address	 _				I KADINADI IKU KUMBO IKI	Pi Copia Dogil ()	THE BOILD HIE	T (DIII (BEC)			
% VALDES-FA	AULI COBB BI	SCHOFF & KRISS P.A.	% VALDES-FAUL	LI COBB BI	SCHOFF &	KRISS P.	.a.							
2 S. BISCAYNE BLVD SUITE 3400			2 S. BISCAYNE BLVD., SUITE 3400			j	D O	NOT WOLT	E IN THIS	00405				
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							'	03/16/1993	JI GOAIIIIOG					
2. Principal P	Place of Busin	ness	2a. Mailing Addr	ess			1-,	4. FEI Number				Appli	ed For	7
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status	Desired		\$8.7	5 Add	fitional	7
22			27					s. Certificate of Status			Fee	Requ	red	_
City & Stat	te		City & State				•	8. Election Campaign	_			00 M		1
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	9, Name	and Address of Current					10	O. Name and Address			_			\dashv
VAI	DES-FAUL	CORPORATE SERVIC	FS		81	Name								7
		ULI COBB BISCHOFF			82	Street	Address	(P.O. Box Number is Not Acceptable)						\dashv
		E BLVD., SUITE 3400					71001033	() .O. DOX (************************************	o. Nocopial					
MIA	AMI FL 3313	31			63]
					84	City					85 Z	ip Cod	de	┨
										<u>FL</u>	.			_
11. Pursuant office or r	to t he provisi registered ag	ons of Sections 607.0502 ent, or both, in the State of th, and accept the obligat	and 607.1508, Florid of Florida. Such chan	da St a tutes ige was au	s, the above Ithorized by	e-named v the corr	l corporati poration's	ion submits this statem board of directors. I h	ient for the p iereby acce	purpose of pt the app	changin ointment	g its re as rec	igistered jistered	-
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agent. i a	ari jaariillaar wyj	in, and accept the obligat	tions of, Section 607.	05 05 , Flori	da Statute	S.								
SIGNATURE														
SIGNATURE		or printed name of registered agent	and title if applicable		Registered Age			en reinstating)		DATE				1
			and title if applicable	(NOTE:						DATE		ORS II		1000
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable	(NOTE:	Registered Age			en reinstating)		DATE	DIRECT	ORS II	N 12	24 (40/07)
SIGNATURE 12. TITLE	PD GREENS 3180 S.	or printed name of registered agent OFFICERS AND POON, HENRY OCEAN DR., #1012	and title if applicable	(NOTE:	Registered Age	ent signature		en reinstating)		DATE	DIRECT	ORS II	N 12	E024 (40,07)
SIGNATURE 12. TITLE NAME	PD GREENS 3180 S. HALLANI	or printed name of registered agent OFFICERS AND	and tife if applicable DIRECTORS DE	(NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ent signature		en reinstating)		DATE	DIRECT Chang	ORS II	N 12 Addition	DOCUMA /
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Thereby certify that the information supplied with this hilling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the informatio 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 path; 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.

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