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

DOCUMENT # P93000021161

SUWANEE INVESTMENTS, INC.

Principal Place of Business Mailing Address % AKERMAN SENTERFILT ONE SE 3RD AVENUE #2800 % AKERMAN SENTERFILT

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90004 001 ***150.00

| MIAMI FL 33131 US | ONE SE 3RD AVENUE #2800 MIAMI FL 33131 US | | | DO NOT WRITE IN T 3. Date Incorporated or Qualified | HIS SPACE |
|--|--|---------|------------------------|--|--------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. | | | 03/22/1993 4. FEI Number 65-0398699 | Applied For |
| City & State | City & State | | | Certificate of Status Desired G. Election Campaign Financing | \$8.75 Additional Fee Required |
| 24 25 9. Name and Address of Curr | Zip 29 30 ent Registered Agent | Country | | Trust Fund Contribution This corporation owes the current year Personal Property Tax | |
| RAATTAMA, HENRY H JR % AKERMAN SENTERFILT & EIDSO ONE SE 3RD AVENUE 28TH FLOOI MIAMI FL 33131 | NAI | | | 10. Name and Address of New Registere (P.O. Box Number is Not Acceptable) | d Agent |
| 11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of the control o | 02 and 607.1508, Florida Statutes, the of Florida. Such change was authorized to see the control of the control | 84 Cit | y ned corporation's | FL ion submits this statement for the purpose of | 85 Zip Code |

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. Tam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

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Signature, typed or printed name of registered agent and title if applicable í2. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS me **PST** 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE AME WARREN, RICHARD 1.1 TITLE CR2E034 (11/98) TREET ADDRESS 2665 S. BAYSHORE DRIVE SUITE 202 1.2 NAME COCONUT GROVE FL 33133 TY-ST-ZIP 1.3 STREET ADDRESS TLΕ 1.4 CITY-ST-ZIP ☐ DELETE WE 2.1 TITLE Change REET ADDRESS 2.2 NAME ☐ Addition Y-ST-ZIP 2.3 STREET ADDRESS 16 2. 4 CITY-ST-ZIP DELETE Æ 3.1 TITLE REET ADDRESS 3.2 NAME Addition Y-ST-ZIP 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE 4.1 TITLE EET ADDRESS 4. 2 NAME -ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE 5.2 NAME Change TADDRESS ☐ Addition 5.3 STREET ADDRESS ST-ZIP 5.4 CITY-ST-ZIP DELETE 加州 机混合物点 6.1 TITLE 6.2 NAME T ADDRESS ☐ Change ☐ Addition 6.3 STREET ADDRESS

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 lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

305-254-1440