

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000044423 (0)**

1. Corporation Name

**D.R.D. INVESTMENT CO.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
<del>10875 COLLING AVE</del> <del>SUITE 205 C</del> <del>SAL HARBOUR FL 33164</del> US	<del>10875 COLLING AVE</del> <del>#205 C</del> <del>SAL HARBOUR FL 33154</del> US

3. Date Incorporated or Qualified <b>06/17/1993</b>	3a. Date of Last Report <b>04/11/1994</b>
4. FEI Number <b>65-0420466</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>13800 N.E. 6th AVENUE</b> Suite, Apt. #, etc.	26 <b>3670 S.W. 139th PLACE</b> Suite, Apt. #, etc.
22 City & State <b>N. Miami, FL.</b>	27 City & State <b>MIAMI, FL.</b>
24 Zip <b>33161</b>	25 Country <b>U.S.</b>
28 Zip <b>33165</b>	30 Country <b>U.S.</b>

9. Name and Address of Current Registered Agent

**FERNANDEZ, CARLOS M**  
**388 MINORCA**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)  
**2600 DOUGLAS ROAD**

B3 **SUITE 708**

B4 City **CORAL GABLES** FL B5 Zip Code **33134**

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 607.0506, Florida Statutes.

SIGNATURE: *Carlos M. Fernandez* DATE: **3/15/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>LEIVA, DESIDERIO L JR</b>
STREET ADDRESS	<b>9541 S.W. 17 TERRACE</b>
CITY ST ZIP	<b>MIAMI FL 33185</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>3670 S.W. 139th PLACE</b>
14 CITY - ST - ZIP	<b>MIAMI, FL 33165</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 shareholder 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 changes) on an attachment with an address.

SIGNATURE: *Desiderio L. Leiva* DATE: **3/15/95** 305-559-4727