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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JAN 26 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049265 (0)

1. Corporation Name
DREAM INVESTMENT, INC.

Principal Place of Business Mailing Address
4245 S.W. 97TH AVE. 4245 S.W. 97TH AVE.
MIAMI FL 33165 MIAMI FL 33165

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/08/1993	04/15/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0426988	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

SOTOLONGO, CESAR E
4245 S.W. 97TH AVE.
MIAMI FL 33165

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	4245 SW 97 AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOLONGO, JOSE H	1.2 NAME	MIAMI, FLORIDA 33165
STREET ADDRESS	CALLE A-101-A-EL-MONTE-	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE, P.R.	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	4245 SW 97 AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOLONGO, ALEIDA P	2.2 NAME	MIAMI, FLORIDA
STREET ADDRESS	CALLE A-101-A-EL-MONTE	2.3 STREET ADDRESS	33165
CITY-ST-ZIP	PONCE, P.R. 00731	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	4245 SW 97 AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOLONGO-PLA, JOSE H	3.2 NAME	MIAMI, FLORIDA
STREET ADDRESS	CALLE A-101-A-EL-MONTE-	3.3 STREET ADDRESS	33165
CITY-ST-ZIP	PONCE, P.R. 00731	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	4245 SW 97 AVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOLONGO, CESAR E	4.2 NAME	MIAMI, FLORIDA
STREET ADDRESS	CALLE A-101-A-EL-MONTE-	4.3 STREET ADDRESS	33165
CITY-ST-ZIP	PONCE, P.R.	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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.

SIGNATURE: Cesar E. Sotolongo - Regs. *[Signature]* 1-19-95