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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000049265 (0)

1. Corporation Name
DREAM INVESTMENT, INC.

Principal Place of Business

4245 S.W. 97TH AVE.
MIAMI FL 33165

Mailing Address

4245 S.W. 97TH AVE.
MIAMI FL 33165-5116



3. Date Incorporated or Qualified 07/08/1993
3a. Date of Last Report 06/04/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI Number 65-0426988
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Jose H. Sotolongo
82 Street Address (P.O. Box Number is Not Acceptable) 4245 SW 97th Ave
83 MIAMI, FL 33165
84 City FL 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE Jose H. Sotolongo 1/10/97
Signature of type for printed name of registered agent (if not filled applies also) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE VP D
NAME SOTOLONGO, JOSE H
STREET ADDRESS 4245 SW 97 AVE
CITY-ST-ZIP MIAMI FL
TITLE STD
NAME SOTOLONGO, ALEIDA P
STREET ADDRESS 4245 SW 97 AVE
CITY-ST-ZIP MIAMI FL
TITLE VD
NAME SOTOLONGO-PLA, JOSE H
STREET ADDRESS 4245 SW 97 AVE
CITY-ST-ZIP MIAMI FL
TITLE PD
NAME SOTOLONGO, CESAR E
STREET ADDRESS 4245 SW 97 AV
CITY-ST-ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P. D.
1.2 NAME Sotolongo Jose H.
1.3 STREET ADDRESS 4245 SW 97 AVE
1.4 CITY-ST-ZIP MIAMI FL 33165
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE VP D.
3.2 NAME SOTOLONGO-PLA, JOSE H
3.3 STREET ADDRESS 4245 SW 97 AVE
3.4 CITY-ST-ZIP MIAMI FL 33165
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Jose H. Sotolongo 1/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)