FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000060579 (8)

925 ERIN INVESTMENT, INC.

P.O. BOX 83-0338 9800 SW 35TH TER MIAMI FL 33283-0338 MIAMI FL 33165 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1993 04/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0443862 26 Not Applicable 21 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **MURO, THOMAS** 9800 SW 35TH TER 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 84 City 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 Stgnature, typed or ported name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE DELETE 1.1 TITLE MURO, THOMAS NAME 1.2 NAME 9800 SW 35 TERR. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-Z#P CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MURO, GEORGINA **2.2 NAME** NAME 9800 SW 35TH TERR. 2.3 STREET ADORESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change ___ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - 7IP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS **4.3 STREET ADDRESS** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIE

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 12 if a page of on an attachment with an address.

SIGNATURE:

appears in Block 12 or Block 1

northur Pres. Thomas Mura

365-223*-606*

FILED

Feb 10 1997 8:00am

Secretary of State