

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 11 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073798 (9)

1. Corporation Name
INVESTIGATIVE INTELLIGENCE GROUP, INC.

Principal Place of Business 1000 PONCE DE LEON STE-317 CORAL GABLES FL 33134 US	Mailing Address 1000 PONCE DE LEON STE-317 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 1000 Ponce de Leon Blvd Suite, Apt. #, etc. 22 # 337 City & State 23 CORAL GABLES, FL Zip 24 33134	2a. Mailing Address 26 1000 Ponce de Leon Blvd. Suite, Apt. #, etc. 27 Suite # 337 City & State 28 CORAL GABLES, FL Zip 29 33134	Country 25 DADE	Country 30 DADE
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3. Date Incorporated or Qualified 10/25/1993	3a. Date of Last Report 04/26/1994
4. FEI Number 15-0444525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FALCON, ANDRES
678 NW 101PL
#1
MIAMI FL 33172**

10. Name and Address of New Registered Agent
81 Name **Andres A Mompeller**
82 Street Address (P.O. Box Number is Not Acceptable)
1000 Ponce de Leon Blvd #337
83
84 City **CORAL GABLES** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.02 and 607.1808, 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 provisions of Section 607.050, Florida Statutes.
SIGNATURE: *A. Mompeller* Director DATE: **6/20/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FALCON, ANDRES I
STREET ADDRESS	9905 N.W. 9TH ST CIRCLE #1
CITY - ST - ZIP	MIAMI FL 33172
TITLE	D
NAME	MOMPELLER, ANDRES A
STREET ADDRESS	1000 PONCE DE LEON BLVD. #317
CITY - ST - ZIP	CORAL GABLES FL 33134
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NO LONGER A STOCK HOLDER
1.3 STREET ADDRESS	OR DIRECTOR
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NEW ADDRESS
2.3 STREET ADDRESS	1000 Ponce de Leon BL #337
2.4 CITY - ST - ZIP	CORAL GABLES, FL 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(h), Florida Statutes. I further certify that the information included on this original 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 in an attachment with an address.
SIGNATURE: *A. Mompeller* **Andres A. Mompeller** DATE: **6/20/95** License Number: **(305) 446-3300**

CR2E034 (3/95)