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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000073798 (9)

1. Corporation Name

INVESTIGATIVE INTELLIGENCE GROUP, INC.



Principal Place of Business

1000 PONCE DE LEON BLVD
STE 337
CORAL GABLES FL 33134
US

Mailing Address

1000 PONCE DE LEON BLVD
STE 337
CORAL GABLES FL 33134
US

2. Principal Place of Business

2a. Mailing Address

21 100 ALMERIA AV

26 100 ALMERIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 230

27 Suite # 230

City & State

City & State

23 CORAL GABLES, FL

28 CORAL GABLES, FL

Zip

Country

Zip

Country

24 33134 25 U.S.

29 33134 30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOMPELLER, ANDRES A
1000 PONCE DE LEON BLVD
STE 337
CORAL GABLES FL 33134

81 Name

Andres A. Mompeller

82 Street Address (P.O. Box Number is Not Acceptable)

100 ALMERIA AV

83

Suite 230

84 City

CORAL GABLES

FL

85 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Andres A. Mompeller

President

5/8/96

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOMPELLER, ANDRES A
1000 PONCE DE LEON BLVD STE 337
CORAL GABLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DIP
Mompeller, Andres A
100 ALMERIA AVE Suite#230
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 any amendment with an address.

SIGNATURE:

[Signature]

Andres A. Mompeller

5/8/96

(305) 254-4035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Daytime Phone #

CR2E034 (12/95)