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97 FEB 24 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000007402 (8)

1. Corporation Name  
404 INVESTCORP, INC.

Principal Place of Business

C/O THOMAS KRAMER  
446 COLLINS AVENUE  
MIAMI BEACH FL 33139

Mailing Address

C/O THOMAS KRAMER  
446 COLLINS AVENUE  
MIAMI BEACH FL 33139-6610

3. Date Incorporated or Qualified  
01/31/1994

3a. Date of Last Report  
03/22/1996

2. Principal Place of Business

21 One S. Pointe Dr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 One S. Pointe Dr.  
Suite, Apt. #, etc.

4. FEI Number  
65-0400943

Applied For  
Not Applicable

22 City & State  
Miami Beach FL

27 City & State  
Miami Beach FL

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 Zip  
33139

28 Zip  
33139

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

THREAT, ROBERT R  
446 COLLINS AVENUE XXX  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
One S. Pointe Dr.  
83  
84 City  
Miami Beach FL 85 Zip Code  
33139

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	KRAMER, THOMAS	
STREET ADDRESS	446 COLLINS AVENUE XXX	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	DELETE
NAME	HANAU, H.	
STREET ADDRESS	446 COLLINS AVENUE XXX	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VS	DELETE
NAME	NEE, M	
STREET ADDRESS	446 COLLINS AVENUE XXX	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS	One S. Pointe Dr.	
1.4 CITY-ST-ZIP	Miami Beach FL 33139	
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS	One S. Pointe Dr.	
2.4 CITY-ST-ZIP	Miami Beach FL 33139	
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS	One S. Pointe Dr.	
3.4 CITY-ST-ZIP	Miami Beach FL 33139	
4.1 TITLE	Change	Addition
4.2 NAME	100002095601-6	
4.3 STREET ADDRESS	-02/24/97--01078--017	
4.4 CITY-ST-ZIP	***165.00	
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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 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: Margaret Nee, VP

2/19/97

305 532-2519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)