

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

**FILED**  
**Feb 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000007402 (8)**  
 1. Corporation Name  
**404 INVESTCORP, INC.**



Principal Place of Business <b>ONE S. POINTE DR MIAMI BEACH FL 33139</b>	Mailing Address <b>ONE S. POINTE DR. MIAMI BEACH FL 33139</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/31/1994</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0400943</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**THREAT, ROBERT R**  
**ONE S. POINTE DR.**  
**MIAMI BEACH FL 33139**

81 Name <b>THREATT, ROBERT R</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>KRAMER, THOMAS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ONE S. POINTE DR.</b>	1.2 NAME	
STREET ADDRESS	<b>MIAMI BEACH FL 33139</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP <b>HANAU, H.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ONE S. POINTE DR.</b>	2.2 NAME	
STREET ADDRESS	<b>MIAMI BEACH FL 33139</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VS <b>NEE, M</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ONE S. POINTE DR.</b>	3.2 NAME	
STREET ADDRESS	<b>MIAMI BEACH FL 33139</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>THREATT, ROBERT R.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>ONE SOUTH POINTE DRIVE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>AS</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>COLONNESE, CATHERINE F.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>ONE SOUTH POINTE DRIVE</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Robert R. Threatt* **ROBERT R. THREATT** **2/20/98** (305) 532-2519

CF2E034 (10/97)