FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000052782 (7)**

1. Corporation Name
2020 INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1065 NE 125 ST SUITE 317 N MIAMI FL 33161	1065 NE 125 ST SUITE 317 N MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0508529	☐ Applied For ☐ Not Applicable
21 2020 Professional Center	26 2020 Investments, Inc.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
22 2020 NE. 163rd St. #300	27 P.O. Box 402592		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 North Miami Beach, FL	28 Miami Beach, FL.		
Zip / Country	Zip / Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24 33162 / 25 U.S.A.	29 33140 / 30 U.S.A.		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAKOWITZ, ALAN 1065 NE 125 ST SUITE 317 N MIAMI FL 33161	81 Name: SAKOWITZ, ALAN 82 Street Address (P.O. Box Number is Not Acceptable): 1111 Kane Concourse, Suite 401 83: Bay Harbor Island, Florida 84 City: FL 85 Zip Code: 33154

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: SAME registered Agent—NEW Address — DATE
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	HUTMAN, MICHAEL W	12 NAME	HUTMAN, Michael W
STREET ADDRESS	5005 COLLINS AVE UNIT 517	13 STREET ADDRESS	P.O. Box 402592
CITY-ST-ZIP	MIAMI BEACH FL 33140	14 CITY-ST-ZIP	Miami Beach, FL 33140
			Address.
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Michael W. Hutman Director 4/14/95 305-944-9505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #
Michael W. Hutman

0173490 CP