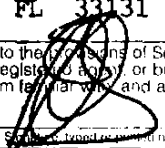
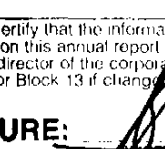


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 .

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P94000057370</b> 1. Corporation Name <b>INTERVEST INVESTMENT GROUP - II, INC.</b>			
Principal Place of Business <b>4131 LAGUNA STREET CORAL GABLES, FL 33146</b>		Mailing Address <b>4131 LAGUNA STREET CORAL GABLES, FL 33146</b>	
2. Principal Place of Business <b>21 14905 S.W. 38 STREET</b> Suite, Apt. #, etc. <b>22 MIAMI, FL</b> City & State <b>23 MIAMI, FL</b> City & State <b>24 33185</b> Zip <b>25 U.S.A.</b> Country		2a. Mailing Address <b>26 14905 S.W. 38 STREET</b> Suite, Apt. #, etc. <b>27 MIAMI, FL</b> City & State <b>28 33185</b> Zip <b>29 U.S.A.</b> Country <b>30</b>	
3. Date Incorporated or Qualified <b>8/03/94</b>		4. FEI Number <b>65-0539204</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MARTIN, PEDRO A. GREENBERG, TRAUIG, ET.AL. 1221 BRICKELL AVENUE MIAMI, FL 33131</b>		10. Name and Address of New Registered Agent <b>81 Name NELSON ELIAS SAYEGH 82 Street Address (P.O. Box Number is Not Acceptable) 14905 S.W. 38TH STREET 83 84 City MIAMI 85 Zip Code 33185</b>	
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 NAME STREET ADDRESS CITY-ST-ZIP <b>DIRECTOR MARTINEZ, ROBERTO M. 4131 LAGUNA STREET CORAL GABLES, FL 33146</b>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>PRES/SECY SAYEGH, RICARDO 14905 S.W. 38TH STREET MIAMI, FLORIDA 33185</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DIRECTOR POSE, MANUEL V. 4131 LAGUNA STREET CORAL GABLES, FL 33146</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b>TREASURER SAYEGH, NELSON ELIAS 14905 S.W. 38TH STREET MIAMI, FL 33185</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DIRECTOR POSE, MANUEL V. 4131 LAGUNA STREET CORAL GABLES, FL 33146</b>		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <b>DIRECTOR POSE, MANUEL V. 4131 LAGUNA STREET CORAL GABLES, FL 33146</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DIRECTOR POSE, MANUEL V. 4131 LAGUNA STREET CORAL GABLES, FL 33146</b>		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <b>DIRECTOR POSE, MANUEL V. 4131 LAGUNA STREET CORAL GABLES, FL 33146</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DIRECTOR POSE, MANUEL V. 4131 LAGUNA STREET CORAL GABLES, FL 33146</b>		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <b>DIRECTOR POSE, MANUEL V. 4131 LAGUNA STREET CORAL GABLES, FL 33146</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DIRECTOR POSE, MANUEL V. 4131 LAGUNA STREET CORAL GABLES, FL 33146</b>		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <b>DIRECTOR POSE, MANUEL V. 4131 LAGUNA STREET CORAL GABLES, FL 33146</b>	
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; that 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 change is being made in attachment with an address.		6.5 TITLE 6.6 NAME 6.7 STREET ADDRESS 6.8 CITY-ST-ZIP <b>600002512568 -05/06/98--01014--014 ***150.00</b>	
SIGNATURE:  (NOTE: Registered Agent Signature required when reinstating) DATE Daytime Phone #			

CR2E034 (10/97)