

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000062109 (1)

1. Corporation Name

I & A INVESTMENTS, INC.



Principal Place of Business

Mailing Address

1865 BRICKELL AVE.
APT. A2109
MIAMI FL 33129

1865 BRICKELL AVE.
APT. A2109
MIAMI FL 33129

3. Date Incorporated or Qualified

08/23/1994

3a. Date of Last Report

08/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0536681

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

81 Name
HERNANDEZ ISMAEL
82 Street Address (P.O. Box Number & Not Acceptable)
1865 BRICKELL AVE
83 SUITE A2109
84 City
MIAMI
85 Zip Code
FL 33129

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

1.1 TITLE ☐ DELETE

NAME
HERNANDEZ, ISMAEL
STREET ADDRESS
1865 BRICKELL AVE., APT. A2109
CITY-ST-ZIP
MIAMI FL 33129

1.2 NAME ☐ DELETE

NAME
HERNANDEZ, ALMA
STREET ADDRESS
1865 BRICKELL AVE., APT. A2109
CITY-ST-ZIP
MIAMI FL 33129

1.3 CITY-ST-ZIP ☐ DELETE

NAME
HERNANDEZ, ALMA
STREET ADDRESS
1865 BRICKELL AVE., APT. A2109
CITY-ST-ZIP
MIAMI FL 33129

1.4 CITY-ST-ZIP ☐ DELETE

NAME
HERNANDEZ, ALMA
STREET ADDRESS
1865 BRICKELL AVE., APT. A2109
CITY-ST-ZIP
MIAMI FL 33129

1.5 CITY-ST-ZIP ☐ DELETE

NAME
HERNANDEZ, ALMA
STREET ADDRESS
1865 BRICKELL AVE., APT. A2109
CITY-ST-ZIP
MIAMI FL 33129

1.6 CITY-ST-ZIP ☐ DELETE

NAME
HERNANDEZ, ALMA
STREET ADDRESS
1865 BRICKELL AVE., APT. A2109
CITY-ST-ZIP
MIAMI FL 33129

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

900001741049
-03/13/96--01032--089
***200.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)