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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P98000073221

1. Corporation Name
INNOVATIVE INVESTMENT GROUP, INC.

Cr 1990 Report $ 61.25 CK # 34

Principal Place of Business	Mailing Address
520 BEACOM BLVD MIAMI, FLA. 33135	520 BEACOM BLVD MIAMI, FLA. 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10-3-94

2. Principal Place of Business	2a. Mailing Address
21 520 BEACOM BLVD	26 520 BEACOM BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FLA.	28 City & State: MIAMI, FLA. 33135
24 Zip: 33135 25 Country: U.S.A.	29 Zip: 33135 30 Country: U.S.A.

4. FEI Number: 65-0650384 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PLACIDO DIAZ 520 BEACOM BLVD MIAMI, FLA. 33135	81 Name: PLACIDO DIAZ 82 Street Address (P.O. Box Number is Not Acceptable): 520 BEACOM BLVD 83 / 84 City: MIAMI FL 85 Zip Code: 33135

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☒ DELETE	1.1 TITLE	P, T, S ☐ Change ☒ Addition
NAME	WILFREDO CORT	1.2 NAME	PLACIDO DIAZ
STREET ADDRESS	80 SW 8 STREET	1.3 STREET ADDRESS	2100 SW 7 AVE
CITY-ST-ZIP	MIAMI, FLA.	1.4 CITY-ST-ZIP	MIAMI, FLA. 33129
TITLE	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TERESA ERANDO	2.2 NAME	
STREET ADDRESS	520 BEACOM BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLA 33135	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	600002583916
STREET ADDRESS		6.3 STREET ADDRESS	-07/09/98--01018--035
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***183.75

CR2E034 (10/97)

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: PLACIDO DIAZ 7/1/98 (305) 886-5285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #