

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000082102 (2)

1. Corporation Name

INVESTMENT SPECTRUM, INC.



Principal Place of Business

TOWER 500 BLDG
3530 MYSTIC-POINTE DR. APT 2104
N MIAMI BEACH FL 33180

Mailing Address

TOWER 500 BLDG
3530 MYSTIC-POINTE DR. APT 2104
N MIAMI BEACH FL 33180

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KENDIS, LEONARD
TOWER 500 BLDG
3530 MYSTIC-POINTE DR, APT 2104
N MIAMI BEACH FL 33180

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
01/18/1995

4. FEI Number

APPLIED FOR

65-0544559

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, in accordance with the provisions of s. 607.0505, Florida Statutes. 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 appointment of the above named agent.

SIGNATURE

(Signature)

(Signature)

DATE

(Date)

12. OFFICERS AND DIRECTORS

TITLE D
NAME KENDIS, LEONARD
STREET ADDRESS TOWER 500 BLDG 3530 MYSTIC POINT DR #2104
CITY-ST-ZIP N MIAMI BEACH FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

(Signature)

1/16/95

305-933-3537