

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL -5 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000085355 (3)

1. Corporation Name

GENERAL INVESTMENT GROUP INC.

Principal Place of Business

Mailing Address

3704 PALM AVENUE
HIALEAH FL 33012

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HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last Report
4. FEI Number 65-0518957	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Finance Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for retroactive tax under s. 199.019 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. ZIP	28. Country
24. COUNTY	29. STATE
25. CITY	30. ZIP

9. Name and Address of Current Registered Agent

**POU, MARIA A
3704 PALM AVENUE
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

85. Zip Code

11. Pursuant to the provisions of Sections 607.0205 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 607.0205, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME	POU, MARIA A	1. NAME	
STREET ADDRESS	8467 NW 201ST TERRACE	2. STREET ADDRESS	
CITY	MIAMI FL 33015	3. CITY	
NAME	VD	4. NAME	
STREET ADDRESS	ALVAREZ, REYNALDO	5. STREET ADDRESS	
CITY	1143 WEST 23RD STREET	6. CITY	
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY		9. CITY	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY		15. CITY	
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY		18. CITY	
NAME		19. NAME	
STREET ADDRESS		20. STREET ADDRESS	
CITY		21. CITY	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(2)(a), Florida Statutes. I further certify that the information is true and correct, or based on information that I believe to be true and correct, and that my signature and those of the other registered officers and directors are true and correct. I am a resident of the State of Florida and my residence address is Block 12 or 13 of the 13th floor of the building with an address _____

SIGNATURE: *[Signature]* MARIA A. POU 6/27/95 5578822

CR2E034 (3/95)