

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

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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000005236 (1)

1. Corporation Name
HYBRID INVESTMENT CORP.

Principal Place of Business
C/O OLUWOLE ALLE
1940 N.W. 119TH STREET, # 822
MIAMI FL 33167

Mailing Address
C/O OLUWOLE ALLE
1940 N.W. 119TH STREET, # 822
MIAMI FL 33167-2735



3. Date Incorporated or Qualified 01/17/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0553639		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

AKPODIETE, ALEXANDER O
44 W. FLAGLER STREET
SUITE 2050
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AJAGBE, AUGUSTINE O	1.2 NAME	
STREET ADDRESS	9505 S.W. 136TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	D/S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLE, OLUWOLE	2.2 NAME	
STREET ADDRESS	1940 N.W. 119TH ST., # 822	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	2.4 CITY-ST-ZIP	
TITLE	D/S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASHIMAWO, LUTI	3.2 NAME	
STREET ADDRESS	6004 N.E. 8RD AVE, APT. 8655 SW. 152ND AVE UNIT 842 MIAMI, FL 33193	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OJO, MATTHEW	4.2 NAME	Emmanuel Onabanjo
STREET ADDRESS	11386 SW 3RD ST.	4.3 STREET ADDRESS	4120 NW, 186 Street
CITY-ST-ZIP	PEMBROKE PINES FL 33025	4.4 CITY-ST-ZIP	Miami, Florida 33055
TITLE	D/T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLAPO, LARRY	5.2 NAME	
STREET ADDRESS	1031 NW 202 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADENUGA, LAWRENCE A	6.2 NAME	
STREET ADDRESS	34 N.W. 85TH ST. 15434 SW 146 Street	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33150 - Miami FL 33196	6.4 CITY-ST-ZIP	

14. I do 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 included 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97 (305) 770-4441

CR2E034 (9/96)