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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000005294

1. Corporation Name

MANZOL	ILLO INVESTMENTS, INC.									
Principal Place	e of Business	Ma	ailing Address					I BUCK VEINT O	<b>       </b>	IEIII EIEI IOOI
9780 NW 29TH STREET 9780 NW 29TH STREET										
MIAMI FL 33172 MIAMI FL 33172						DO NOT MICH	E IN TUIC	CDACE		
US US							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
						ļ	01/17/1995			ļ
a Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For
	lace of Dusiness	26	, , , , , , , , , , , , , , , , , , ,				65-0555376		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			•	_		\$8.75	Additional
22			27				5. Certificate of Status Desired		Fee Re	equired
City & State	e -		City & State	<del></del>		-	6. Election Campaign Financing	П	\$5.00	
23		28					Trust Fund Contribution		Added t	to Fees
Žip	Country	$\Box$	Zip	Country	′		8. This corporation owes the curre	ent year Int		m
24	25	29		)			Personal Property Tax.		Yes	□No
	g. Name and Address of Current	t Regis	tered Agent	81	Name		10. Name and Address of New R	egistereu	• • •	
DOZENOWAIO & CDANIGEE							<u>EXANDRH MF</u>	<u>1NZC</u>	<u>) LI LU</u>	$\circ$
ROZENCWAIG & GRANOFF							s (P.O. Box Number is Not Accepta	BEE.	τ	
ONE SE THIRD AVENUE					4-	<del>)</del> 80	<u>) NW 29th 51</u>	1660	1	
SUITE 960 MIAMI FL 33131					1					
MIMINI FL 33131					City	A i A	ım i	۴L	85 Zip (	Sode C-L-7
A. D	to be a surjained of Sections EOV 0500	2 and 6	n7 1508 Florida Statutas	the above	e-named	COLDOL . / / L	ation submits this statement for the			
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 trie State of Prorida. 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 objections of, Section 607.0505, Florida Statutes.										
	m familiar with, and accept the dought	tions of	, Section 607.0505, Florid	a Statutes	ē.		- <del>1</del>	ANI O	6.99	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title	if applicable. (NOTE: Re	egistered Age	nt signature re	w beniupe	when reinstating)	DATE	0. 11	
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OF	ICERS A		
TITLE	D		DELETE	1.1 TITLE			_		Change	Addition
NAME	ROEBER, DETLEF A		<i>y</i> -	1.2 NAME						ļ
STREET ADDRESS	9780 NW 29TH ST			1.3 STREE	T ADDRESS					1
CITY-ST-ZIP	MIAMI FL			1,4 CITY-5	T-ZIP				E-70:	CD 64406
TITLE	D		DELETE	2.1 TITLE		P5	TD		Change	☐ Addition
NAME	MANZOLILLO, ALEXANDRA			2.2 NAME		MA	NZOLILLO, ALEXAN	OKH		
STREET ADDRESS	9780 NW 29TH ST			2.3 STREE	TADDRESS		30 NW 29th ST			
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-		Mi	AMI FL		- E1Change	Addition:
TITLE			DELETE -	3.1 TITLE	_		۰ درستاندیومنستو ۱ مو۰	-	~¹⊡ ∧ımıñe:	
NAME				3.2 NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP			DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP				Change	Addition
TITLE			□ DEFE1£							
NAME				4. 2 NAME	T ADDRESS					
STREET ADDRESS				4.3 STREE						
CITY-ST-ZIP			DELETE	5.1 TITLE	31-4F			<del></del>	Change	. Addition
TITLE				5.2 NAME						
NAME expect anodese					TADDRESS					
STREET ADDRESS CITY-ST-ZIP				5.4 CITY-5						
TITLE			☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADDRESS					

CITY-ST-ZIP 14. 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 corpolation 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: