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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P95000 VESTMENTS, INC.	0014889 (6)			L MARINERO DE ENTRE ARIA ARIA ARIA ARIA AR	(ii) <b>1910</b> ( 119) <b>1</b> 31		1 184 185
Principal Place	e of Business	Mailing Address				<b>88</b> 181 (884) <b>818</b>		4 (6)) 1881
11030 8.W. 141 AVE. MIAMI FL 33188		11030 S.W. 141 AVE. MIAMI FL 33186-3263						
					Date Incorporated or Qualified 02/22/1995		of Last Re /1996	eport
	lace of Business	28. Mailing Address			4. FEI Number 65-0561897		Applied For	
Suite, Apt.	# etc	Suite. Apt. #, etc.			£0.7E			
22	n 1 0141	27			5. Certificate of Status Desired		Fee Re	
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	r	<u> </u>	Trust Fund Contribution		Added t	
Zip 24	Country	7(p)	30	intry	This corporation has liability for Florida Statutes	r intangible tax		199.032,
24	9. Name and Address of Curre	nt Registered Agent	[30]	<del></del>	10. Name and Address of New R			
COS	SENTINO, GABRIEL E			81 Name				
11030 S.W. 141 AVE.				82 Street Add	ress (P.O. Box Number is Not Accepta	ble)		
MIAI	MI FL 33186							
				83				
				84 City		FL	<b>85</b> Zip (	Code
11. Pursuant i	to the provisions of Sections 607.05	02 and 607 1508. Horida Statut	es the al	hove-named com	noration submits this statement for the		) nanging it	s tonislated
office or reagent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flo	authorize orida Stat	d by the corporal rutes.	poration submits this statement for the tion's board of directors. I hereby acce	pt the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered as	gest and title if applicable (NOT	t Registere	d Agent signature requi	fed when reinstation)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		RECTOR	S IN 12
TITLE	PSD DELETE		1.116	IξF		L	Change	Addition
NAME	COSENTINO, GABRIEL E		1.2 N/	AME 3.MA				ł
STREET ADDRESS	11030 S.W. 141 AVE.		1351	IREE1 ADDRESS				
CITY-ST-ZIP	MIAMI FL 33188 VTD	DELETE		TY-ST-ZIP		<del></del>	Lohana	- I hadistan
TITLE NAME	COSENTINO, ANA	€ DEFEIL	2.1 T/ 2.2 N/			L.	Change	Addition
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CITY-ST-ZIP	MIAMI FL 33186		- 6	HTY-ST-ZIP				
TITLE		DELETE	3111			L	Change	Addition
NAME			3 2 N	AME				
STREET ADDRESS			3,3 \$1	IRLET AUDRESS				
CITY-ST-ZIP				ITY - S1 - ZIP				
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STREET ADDRESS				AME TREET ADDRESS				
CITY-ST-7IP			- E	ITY-S1-ZIF				}
TITLE		DELETE	6.1 TI				Change	Addition
NAME		<del>-</del>	6.2 N	}		_	~	
STREET ADDRESS			638	TREET ADDRESS				
CITY-ST-ZIP		<u> </u>	6.4 C	NY-ST-ZIP				
14. 1 do herek	by cortify that the information supply	od with this filing does not quali	ly for the	evenintion state	d in Section 119 07/3\()). Florida Statut	as I further o	artify that	the

Two leading county that the information supplied with this ming does not quality 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 of the topological 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 of the topological annual report is received by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed to open a facility with an address.

SIGNATURE:

**FILED** 

May 13 1997 8:00am

Secretary of State