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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCHMENT #

FILED Apr 13 1998 8:00am Secretary of State

· ·	INVESTMENT GROUP, IN	0019923 (8)			
Principal Plac	e of Business	Mailing Address			
21711 FRONTENEC COURT 21711 FRONTENEC COURT			IRT		
BOCA RATON FL 33433 BOCA RATON FL 33433					DO NOT WORK IN THE PRACE
i i					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
					03/10/1995
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21		26			65-0563591 Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25 g. Name and Address of Curr	ent Registered Agent	30		Personal Property Tax due June 30. Ves No 10. Name and Address of New Registered Agent
		ant nogratoreo Agent	81	Name	10, Hallie and Address of Ren Hegisteled Agent
	RODRIGUEZ, ANA L				
21711 FRONTENEC COURT			82	Street Add	dress (P.O. Box Number is Not Acceptable)
60	BOCA RATON FL 33433			83	
			84	ļ	
				City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable. (NO ND DIRECTORS	TE Registered Ag	ent signature requ	olved when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS			ĺ	Change Additi
NAME	RODRIGUEZ, ANA L		1.2 NAME		
STREET ADDRESS	21711 FRONTENEC COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433	DELETE	1.4 CITY - S 2.1 TITLE	ST-ZIP	C Obours I Addition
TITLE	DODDIOUEZ ENDIOUE			1	Change LJ Additi
NAME STREET ADDRESS	RODRIQUEZ, ENRIQUE 21711 FRONTENEC COURT	,	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	•	2.4 CITY-ST-ZIP		
TITLE	· 		3.1 TITLE	31-211	Change Additi
NAME	32		3.2 NAME		_ .
STREET ADDRESS			3.3 STREE	T ADDRESS	
City-St-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Additi
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	
TITLE			5.1 TITLE		Change Additi
NAME			5.2 NAME		
STREET ADDRESS				T ADORESS	
CITY-ST-ZIP		DELETE	5.4 CITY - :	ST · ZIP	☐ Change ☐ Addili
TITLE		C) VELETE	6.1 TITLE		Cliarite T vocili
NAME STREET ADDRESS			6.2 NAME	T ADDRESS	
			6.4 CITY-	1	
CITY-ST-ZIP			0.9 6117-	31-715	

14. I 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 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.