## 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

DOCUMENT #

1. Corporation Name P95000032290 (5)

**FILED** Apr 27 1998 8:00am Secretary of State

CSI IN	IVESTMEN	IIS, INC.											
Principal Plac	ce of Busines	8	Mailing A	Address					I SABUSANI IIN SESOT ASSED NATURALI NATUR	IAN <b>uphub</b> and		(B)	
6291 SW 40 MIAMI FL 33	-		6291 SW 40 ST. Miami Fl 33155-4883										
US			U\$					DO NOT WRITE IN THIS SPACE				_	
									3. Date Incorporated or Qualified 04/25/1995				
2. Principal F	Place of Busin	708S	2a. Mailir	2a. Mailing Address					4. FEI Number			Applied For	$\dashv$
21			26					65-0655493		-	Not Applicab	le	
Suite, Apt. #, etc.			<del></del>	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	٦	
City & Stato			27 City A	City & State							<del></del>	Required	_
23			<u> </u>	28				6. Election Campaign Financing Trust Fund Contribution			O May Be of to Fees		
Ζιp	Zip Country		Zip		Cou	Country			8. This corporation owes or has pa				ᅱ
24		25	29		30				Personal Property Tax due June	: 30.	Yes	No No	
9. Name and Address of Curre			nt Registered	t Registered Agent					10. Name and Address of New Re	gistered /	Agent		$\Box$
	OSA, GONZ				1	81	Name						
		3RD STREET			Ì	82	Street A	ddress	s (P.O. Box Number is Not Acceptate	ole)			┪
į Mi	AMI FL 331	93			}	83		•					4
						_							
						84	City			FL	85 Zip	Code	٦
11. Pursuant	to the provis	ions of Sactions 607.05	02 and 607.150	8, Florida Statut	es, the at	ove	e-named c	огрога	ation submits this statement for the p	ourpose of	changing	its registered	ᅱ
agent. I a	registered ag am familiar wi	lent, or both, in the Stat th, and accept the obli	e of Florida, Suc gations of, Secti	ch change was a on 607.05 <b>0</b> 5, Fid	authorizec orida State	i by utes	the corpo i.	oration	ation submits this statement for the particular of directors. I hereby accepts to board of directors and the statement of the particular of the statement of th	ot the app	ointment a	s registered	
SIGNATURE													-
12.	Signature, typed	or per led name of registered at	ent and telle if applice  VD DIRECTORS				nt signature re	equired v	when reinslating)	DATE			$\sqcup_{l}$
TITLE	Р	OFFICE HIS AF	4D DITECTORS	DELETE	13.	LF			ADDITIONS/CHANGES TO OFFIC	JERS AND	Change		
NAME	CASTRO				1.2 NA						- Change		" [
STREET ADDRESS 7455 S.W. 124 AVE.			1.3 \$			1.3 STREET ADDRESS							
CITY-SI-ZIP	MIAMI F	L 33183			1.4 CIT	Y-ST	T-21P						
TITLE	V			DELETE	2.1 TIT	LE					Change	Additio	<u>س</u> ار
NAME		SONZALO			2.2 NA	ME							
STREET ADDRESS	MIAMI F	.W. 83RD STREET			1		ADDRESS						
CITY-ST-ZIP TITLE	WILLIAM E	L 00 130		DELETE	2 4 CIT		T-ZIP				Change	Addition	$\perp$
NAME					3.2 NA								1
STREET ADDRESS	i				1		ADDRESS						
CITY-ST-ZIP					3.4. CH								
TITLE				DELETE	4.1 7171	LE					Change	Addition	ᆔ
NAME	1				4. 2 NA	₩E	:						
STREET ADDRESS					4.3 STF	REET #	ADDRESS						
CITY-ST-ZIP	<u> </u>			☐ DELETE	4.4 CIT		- ZIP						4
TITLE NAME				☐ NETER	5.1 TITE						Change	Addition	1
STREET ADDRESS					5.2 NAI 5.3 STR		ADDRESS						
CITY-ST-ZIP					5.4 CiT								
TITLE				DELETE	6.1 TITL			<del></del>			Change	Addition	$\dashv$
NAME					6.2 NA	ME	1						
STREET ADORESS					6.3 STR	6.3 STREET ADDRESS							-
CITY-ST-ZIP					6.4 C(T)	Y-ST	- 71P						-1

14. Thereby certify that the information supplied with this filting 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 suppliering an analyse 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 occiver of 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 attaching it with an address.

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