

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000076519 (4)**

1. Corporation Name

**INVESTORS INTERNATIONAL CORPORATION**



Principal Place of Business Mailing Address  
**657 S.W. 11TH STREET UNIT 18 MIAMI FL 33129**      **657 S.W. 11TH STREET UNIT 18 MIAMI FL 33129**

3. Date Incorporated or Qualified **10/05/1995**      3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
 21 **SAME**      26 **SAME**  
 Suite, Apt #, etc.      Suite, Apt #, etc.

4. FEI Number **65-0611251**      Appeared For Not Applicable

22 City & State      27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip      Country      28 Zip      Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24      25      29      30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ABRIL, RAQUEL R  
 657 S.W. 11TH STREET  
 UNIT 18  
 MIAMI FL 33129**

10. Name and Address of New Registered Agent  
 81 Name **MARTA C. PEÑA**  
 82 Street Address (P.O. Box Number is Not Acceptable) **657 SW 11 ST., UNIT 18**  
 83  
 84 City **MIAMI, FL**      85 Zip Code **33129**

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]* **MARTA C. PEÑA**      Date **JUNE 26, 1996**

12. OFFICERS AND DIRECTORS

|                 |  |
|-----------------|--|
| TITLE           | <b>PSTD</b> <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>ABRIL, RAQUEL R</b>                                 |
| STREET ADDRESS  | <b>657 S.W. 11TH STREET, UNIT 18</b>                   |
| CITY - ST - ZIP | <b>MIAMI FL 33129</b>                                  |
| TITLE           | <input type="checkbox"/> DELETE                        |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> DELETE                        |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> DELETE                        |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> DELETE                        |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            | <b>MARTA C. PEÑA</b>  |
| 13 STREET ADDRESS  | <b>657 SW 11 STREET, UNIT 18</b>  |
| 14 CITY - ST - ZIP | <b>MIAMI, FL 33129</b>  |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]* **MARTA C. PEÑA**      Date **JUNE 26, 1996**      Telephone **(305) 858-1721**

CR2E034 (3/96)