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FILED

May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000015588 (2)

1. Corporation Name
INVESTMENT 2600 CORPORATION



Principal Place of Business

3200 N.W. 110TH STREET
MIAMI FL 33167

Mailing Address

3200 N.W. 110TH STREET
MIAMI FL 33167-3718

3. Date Incorporated or Qualified

02/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 Citicenter- 290 N.W.165 ST

Suite, Apt. #, etc.

22 Suite #750

City & State

23 Miami, Florida

Zip

24 33169

Country

25 U.S.A.

2a. Mailing Address

26 Citicenter- 290 N.W. 165 ST.

Suite, Apt. #, etc.

27 Suite # 750

City & State

28 Miami, Florida

Zip

29 33169

Country

30 U.S.A.

4. FEI Number

65-0661104

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SALAMA, LEA A ESQ.
688 S.E. THIRD AVENUE
SUITE 400
FORT LAUDERDALE FL 33318

10. Name and Address of New Registered Agent

81 Name

ALBERTO M. SALAMA T.

82 Street Address (P.O. Box Number is Not Acceptable)

401 Holiday Drive

83

84 City

Hallandale

FL

85 Zip Code

33009

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, typed or printed name of registered agent and fee if applicable

ALBERTO M. SALAMA T.

April 15.1.997

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ALBERTO M. SALAMA T.

STREET ADDRESS 401 Holiday Drive

CITY-ST-ZIP Hallandale, Fla. 33009

TITLE ☐ DELETE

NAME V.P. Treasurer

STREET ADDRESS 3802 N.E. 207 St. #1702

CITY-ST-ZIP Aventura, Fla. 33180

TITLE ☐ DELETE

NAME V.P. Secretary

STREET ADDRESS 3802 N.E. 207 St, TH#7

CITY-ST-ZIP Aventura, Fla. 33180

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

CR2E034 (9/96)

5-20-97
Dep 173.75