

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000016300**

1. Corporation Name
MSP INVESTMENTS, INC.

Principal Place of Business
**520 BRICKELL KEY DRIVE
MIAMI FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE
MIAMI FL 33131**

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90043 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1996	
4. FEI Number 65-0646128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable.

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSVP	1.1 TITLE	P/D
NAME	FELSHER, MICHAEL E	1.2 NAME	Felsher, Michael E
STREET ADDRESS	520 BRICKELL KEY DR 0-305	1.3 STREET ADDRESS	520 Brickell Key Drive, 0-305
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	VPS	2.1 TITLE	VPS/D
NAME	FREEMAN, STEPHEN	2.2 NAME	Freeman, Stephen
STREET ADDRESS	520 BRICKELL KEY DRIVE 0-305	2.3 STREET ADDRESS	520 Brickell Key Drive, 0-305
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D	3.1 TITLE	VP/T/D
NAME	SCHWARTZ, PAUL	3.2 NAME	Schwartz, Paul
STREET ADDRESS	520 BRICKELL KEY DRIVE 0-305	3.3 STREET ADDRESS	520 Brickell Key Drive, 0-305
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

305-377-3260

Daytime Phone #

CR2E034 (11/98)

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