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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023296 (2)

FDR INVESTMENTS, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							110000001111	O IORIO ORIEI OBEIL DOILI GI	DIEL MOLIN IIOOD 151		ID \$111 1881
2071 NE 167TH ST 2071 NE 167TH ST											
NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162						DO NOT WRITE IN THIS SPACE					
							3. Date Incorp	orated or Qualified	 		
6 8 5 5 5 5 5 6			6 - 11 11 11 11 11 11 11 11 11 11 11 11 11				03/11/19		 		
· ·	lace of Business	-	28. Mailing Addr			.	4. FEI Number				plied For
21 7751 - Suite, Apt	·7753 NW 53	Street	26 7751 Suite, Apt. #,	7753 NW	5.	3 Stree	t 65-067	5/08			t Applicable Additional
22	.,		27				5. Certificate o	f Status Desired		Fee Re	
City & Stat	θ		City & State	1100			6. Election Car	mpaign Financing		\$5.00	May Be
23 Miami			28 Miami, FL				Trust Fund (Contribution		Added t	o Fees
Zip	Count	· -	Zιρ 29 33166	<u> </u>	ountry			ation owes or has p		_	
24 331				30	USZ	8		operty Tax due June Address of New Re		. —] No
Name and Address of Current Registered Agent RUIZ, DAWN B1 Name							70. 7121110 2110		9 ,010,00 11 9 0		
ANTA ME ANTILLOT						Stroot Addre	on /P.O. Box Num	ber is Not Accepta	hla)		
NORTH MIAMI BEACH FL 33162							ss (F.O. BOX NOT	ibei is Not Accepta	UIB)		
					83						
					84	City			FL ⁸	5 Zip (Code
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 (NOTE: Registered Agent signature required when reinstating) DATE											
12.		OFFICERS AND D		13	<u>_</u>	ent arginatoro redorre		HANGES TO OFFI		RECTOR	S IN 12
TITLE	D		☐ DE	LETE 1.1	TITLE					Change	Addition
NAME	Ruiz, Dawn			1.2	NAME						
STREET ADDRESS	2071 NE 167TH			1.3	STREET	T ADDRESS					
CITY+ST-ZIP	NORTH MIAMI B	EACH FL 33162	[-] pr		CITY-S	ST-ZIP				A	T balance
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CITY-ST-ZIP					CITY-	ST-ZIP					
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titlê Name			L 00		THTLE NAME	Ī			L	OHARDE	Addition
STREET ADDRESS						r address					
CITY-ST-ZIP					CITY-S						
TITLE			☐ DE		TITLE	. 411		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				6.2	NAME					-	
STREET ADDRESS				6.3	STREET	ADDRESS					
CITY-ST-ZIP					CITY-S						
14. I hereby o	ertify that the informati	on supplied with the	nis filing does not	qualify for the e	kemp	ition stated in S	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 outh; 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 or Block 1

4/15/98 (205)431-0570