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

**PROFIT CORPORATION** ANNUAL REPORT 1999



Secretary of State DIVISION OF CORPORATIONS

## Feb 16, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

02-16-1999 90050 019 \*\*\*150.00

14 Corporatio	MENT # <b>P96000</b> INVESTMENT CORP	030	802						
<b></b>					•				
Principal Plac	e of Business	Mailir	ng Address				1801  030 110   6113 6111    00111 60111 F841	I ODICO LILI COLLE IR	
1363 BIARRITZ			BIARRITZ DRIVE				-		
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141									
•	·						DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualifed 04/03/1996		
2. Principal P	lace of Business	2a. M	lailing Address				4. FEI Number	- A	Applied For
21		26					65-0663806		lot Applicable
Suite, Apt.	#, etc.	s	uite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22		27							Required
City & Stat	e		ity & State				6. Election Campaign Financing		May Be
23	÷.	28					Trust Fund Contribution		to Fees
Zip	Country Zip			Country			8. This corporation owes the current ye		
24	25	29	<del></del>	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Kegister	ea Agent	81	Name		10. Name and Address of New Regist	ered Agent	
PFI.	AEZ, MARIA A	•	,		Ivaino	•		,	
1363 BIARRITZ DRIVE				82	Street	t Addres	s (P.O. Box Number is Not Acceptable)		. }
MIAMI BEACH FL 33141				83	<u> </u>				1 11111
1410 (1	20101112			0,3	<b>`</b>				"知识情况"
•				84	City		-	FL 85 Zir	Code
44 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	. (A)		4500 Flanda Statutos	- the ebeu		4 000000	otion submits this statement for the nume		ts registered
office or r	egistered agent, or both, in the State	z and 607. of Florida.	Such change was aut	thorized by	the corp	poration'	ation submits this statement for the purpors s board of directors. I hereby accept the	appointment as	registered
agent. I a	m familiar with, and accept the obligat	tions of, S	ection 607.0505, Florid	da Statutes	š.				1
SIGNATURE									
12.	Signature, typed or printed name of registered agen OFFICERS AN			13.	nt signature	redusted w	hen reinstating) DA ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	PTD	DUINEGI	☐ DELETE	1,1 TITLE		T		☐ Change	
NAME	PELAEZ, RAFAEL			1.2 NAME			**************************************		_
	1363 BIARRITZ DRIVE				TADDRESS		•		
STREET ADDRESS				1		1			
CITY-ST-ZIP	MIAMI BEACH FL 33141		☐ DELETE	1.4 CITY-S 2.1 TITLE	51-ZIP			☐ Change	Addition
TITLE	VSD		C) Decerte	2.2 NAME					
NAME	PELAEZ, MARIA A			i .	T 4000000				
STREET ADORESS	1363 BIARRITZ DRIVE	-			TADDRESS	<b>'</b>			
CITY-ST-ZIP	MIAMI BEACH FL 33141	<del></del>	☐ DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	<del></del>		Change	Addition
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NAME		•	•	4.2 NAME			•		1
STREET ADDRESS	¥.	••			TADDRESS	S	•		{
CITY-ST-ZIP	,	•	Det ere	4.4 CITY-5	ST-ZIP	-		Change	e Addition
TITLE			DELETE	5.1 TITLE				□ criange	* CT MODITION
NAME	. ,			5.2 NAME	<b>-</b>				.
STREET ADDRESS	63.				TADDRESS	S			
CITY-ST-ZIP	P.A.		,	5.4 CITY- S	ST-ZIP	-			- DA dates
TITLE	The American State of the Committee of t		☐ DELETE	6.1 TITLE				☐ Change	eAddition
NAME .	A STATE OF THE STA			6.2 NAME					
STREET ADDRESS	ARCA ELLISTIC			6.3 STREE	TADORESS	3			1

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 suppliemental 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.

6.4 CITY-ST-ZIP

Daytime Phone #