SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. APPROVED RMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) AND **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham 97 AUG 15 PM 12: 30 ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # nvestments Group, Inc. Mailing Address 1901 COLLING AVE. BUITE T-4 1901 COLLING AVE. SUITE-T-4 MIANN-BEACH FL MIANI-BEACH FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 2. Principal Place of Business 21 340 Cd Mailing Address 4. FEI Number Applied For 7570 1340 (dlins 65 21 (MILINS 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 28 $\Box \Box \Box \Box \Box$ Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 33134 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PENALVER, AURORA Name 1101 BRICKELL AVE, SUITE 1700 Street Address (P.O. Box Number 1 1917 Acceptant 82 **MIAMI FL 33131** n2n---n15 83 ****165.00 ****165**.**00 84 City Zip Code 85 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 DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE ☐ Change TITLE 1.1 TITLE Addition **BUENEMANN, FRANCO S** NAME 1.2 NAME VIA LIMA, 31 STREET ADDRESS 1.3 STREET ADDRESS ROME, ITALY CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.6 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TATLE DELETE 6.1 TITLE Change Addition

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 argachment with an address.

6.3 STREET ADDRESS

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP