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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000041524

1. Corporation Name

7-12-91 INVESTMENTS, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90074 035 ***150.00



Principal Place	e of Business	Mailing Address				1 100 1102; 110 1010 0 1111 0011 00111 00111 0		
12310 S.W. 95TH TERRACE 12310 S.W. 95TH TERRACE								
MIAMI FL 33186 MIAMI FL 33186								
						DO NOT WRITE IN TI	HIS SPACE	
		•				3. Date Incorporated or Qualifed		
						05/14/1996		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				APPLIED FOR		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional
22		27				3	Fee I	Required
City & State	د السابيخيريند در كادريميسان درية ا	City & State	- - .	-	-	6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip		intry		This corporation owes the current year		-
24	25	29	30			Personal Property Tax.	Yes	No
	9. Name and Address of Curren	t Registered Agent		<u> </u>		10. Name and Address of New Register	ed Agent	
001				81	Name			
	MEZ, LUISA			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
12310 S.W. 95TH TERRACE					0001714			
MIAN	M FL 33186			83				}
1		•			011		05 176	p Code
				84	City		- L 85 Zíj	b Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida St	tatutes, the a	bove	-named co	moration automite this statement for the number	of changing i	ts registered
l office or r	egistered agent, or both, in the State :	of FloridaSuch change.w	as aumorizeo	abvt	tne corpora	tion's board of directors. I hereby accept the ap	pointment as	registered · -
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505	, Florida Stat	ules.				
SIGNATURE								
		A 4 title if conflockle //	NOTE: Pagistered	1 6 cent	t eignature regul	ired when reinstating) DATE	_	
	Signature, typed or printed name of registered agen			Agent	t signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		t signature requ	ired when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS		
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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 coparation or the receiver of truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if prianged, or on an attachment with an address, with all other like empowered.

SIGNATURE: