2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

SIGNATURE AND TYPEDA

ED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28, 2004 08:00 AM Secretary of State **DOCUMENT # P96000043157** BIGRIVER INVESTMENT CORP. Principal Place of Business Mailing Address 1301 SAWGRASS CORP. PKWY. 1301 SAWGRASS CORP. PKWY. SUNRISE, FL 33323 US SUNRISE, FL 33323 US 01232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0668614 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE ONE SE THIRD AVE SUITE 2400 MIAMI, FL 33131 IN THIS SPACE 5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when remstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 33T3_E MINSKI, JOSE MAME U00000018276 01/28/04-8<u>0</u>129-005 150.00 STREET ADDRESS 1301 SAWGRASS CORPORATE PKWY CITY-ST-ZIP SUNRISE, FL 33323 TITLE MINSKI, MEYER NAME 1301 SAWGRASS CORPORATE PKWY STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 TIBLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE NAME STREET #00RESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CKTY-ST-ZIP with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information over is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if easy, with all other like empowered. 12. I hereby certify that the Information supplied indicated on this report or supplemental rep of the corporation or the receiver or trustee e changed, or on an attachment with an addre

FILED