


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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H96000007302 1. Corporation Name F & M New Concepts Investments Corp.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 9737 N.W. 41 St	26 1985 N.W. 88 Ct	4. FEI Number 65-0697915	
22 247	27 201	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami, FL	28 Miami, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33178	25 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Elena Diaz De Villegas 12260 S.W. 8 St. Miami, FL 33184		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D/P/S Diana Giannina Minervine 9737 N.W. 41 St #247 Miami, FL 33178		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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 attachment with an address.		300002144473 -04/16/97--01005--023 ***165.00	
SIGNATURE: <i>Diana Giannina Minervine</i>		Date: 4/10/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (305) 551-2600	

CR2E034 (9/96)