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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049662

O & P INVESTMENTS, CORP.

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90071 039 ***150.00



Principal Place	e of Business	Mailing Address			1				
3301 NE 2ND AVE 3301 NE 2ND AVE									
MIAMI FL 33137		MIAMI FL 33137				T WRITE IN THE	SISPACE		
US		US	US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					06/10/1996	Janea			
3 5	lane of Durings	2a. Mailing Address			4. FEI Number		- An	plied For	
¬'````			luless		65-0671091			t Applicable	
21			26				\$8.75		
Suite, Apt. #, etc.		⊢	Suite, Apt. #, etc.			ired 🗌	Fee Re		
22		City & State	City & State		1.5.00			<u> </u>	
City & State		— <u> </u>	⊢ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
		28 Zip	Zip Country					01663	
Zip		-		Jilu y	This corporation owes t Personal Property Tax.	ne current year it	Yes	□No	
24	9. Name and Address of Cu	29	30	T	10. Name and Address of	New Registerer			
	5. Name and Address of Ct	irrent Kegistered Agent		81 Name		1.	- Figure		
RRIA	ASOE, JAN P				Olga M. Gonz	alez			
	I NE 2ND AVE			82 Street Add	dress P.O. Box Number is Not A	(ceptable)	T 622	rive.	
	MI FL 33137			83	POBILE MENC	YE 7.01	unu I	" 100	
ואויוו				03					
				84 City	1.0		85 Zip (Code	
				111	IMMI	F1	_ 3	5137	
office or r	to the previsions of Sections 607 registered egent, or both, in the S m amiliar with, and accept the o	tate of Florida. Such change	was authorized	d by the corpora	tion's board of directors. I hereb	y accept the appo	ointment as re	gistered	
agent. I a	m ramitar with, and accept the o		5 Florida Stat	oles.		مدارا ہے	,	}	
SIGNATURE	Silver and societies	d agent and title if appliable.	(NOTE: Registered	Agent signature requi	ared when reinstating)	<u> </u>	l		
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELE	TE 1.1 TI	TLE .			☐ Change	☐ Addition	
NAME	GONZALEZ, OLGA M		1.2 N	AME					
STREET ADDRESS) DRIVE		TREET ADDRESS					
	MIAMI FL 33138	J DI 111 L		ITY-ST-ZIP					
CITY-ST-ZIP	VT	DELE					Change	Addition	
	1 11	<u> </u>	2.2 N	}				/	
NAME	BRIMSOE, JAN P GOARDELLE MEADE ISLANI) DOME		TREET ADDRESS					
STREET ADDRESS	924 BELLE MEADE ISLAN	DURIVE						į	
CITY-ST-ZIP	MIAMI FL 33138	□ DELE		CITY-ST-ZIP			Change	Addition	
TITLE							Sharigo		
NAME			3.2 N					}	
STREET ADDRESS			1	TREET ADDRESS					
CITY-ST-ZIP		7000		CITY-ST-ZIP			Change	☐ Addition	
TITLE		☐ DELE		İ			□ change	☐ YOUNGII	
NAME			4 2 N	1					
STREET ADDRESS			4.3 S	TREET ADDRESS					
CITY-ST-ZIP				ITY-ST-ZIP					
TITLE		☐ DELE					Change	☐ Addition	
NAME			5.2 N						
STREET ADDRESS			5.3 S	TREET ADDRESS				1	
CITY-ST-ZIP				ITY-ST-ZIP					
TITLE		☐ DELE	TE 6.1 TI	ITLE			Change	☐ Addition	
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET ADDRESS					
	i			1				,	

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 corporation of the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or only attachment with an address, with all other like empowered.

SIGNATURE:

President Olga M. González