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

PROFIT **CORPORATION ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000057532 (9)

FILED Mar 19 1998 8:00am Secretary of State

1WO G	BUYS INVESTMENT, INC.						
Principal Place of Business Mailing Address						, 18	THU ONE IN
801 PONCE DE LEON BLVD. 801 PONCE DE LEON BLVD. 801 F701 SUITE 701 CORAL GABLES FL 33134 CORAL GABLES FL 33134					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address			·		07/09/1996 4. FEI Number	1 1	Applied For
		26	26		65-0735108		lot Applicable
		Suite, Apt. #, etc.	27		6. Certificate of Status Desired		Additional Required
City & Stat		City & State	28		6. Election Campalgn Financing Trust Fund Contribution) May Be I to Fees
Zip 24	Country Zip		Country 30	/	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
	IS, RAFAEL F		81	Name			
2100 W 76TH ST STE 202 HIALEAH FL 33016			82	Street Ad-	dress (P.O. Box Number is Not Acceptable)		
			63				
				City		FI 85 Zip	Code
11, Pursuant office or ragent. La	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obli	02 and 607.1508, Florida Statut n of Florida. Such change was a gations of, Section 607.0505, Fig	es, the above authorized by orida Statute	e-named co y the corpora s.	rporation submits this statement for the purpor ation's board of directors. I hereby accept the	ose of changing is appointment as	its registered s registered
Signature, typied or printed name of registered agent and title if applicable (NOTE			E Registered Ag	ent signature requ	ulred when reinstating} D	ATE	
12. TITLE	OFFICERS AND DIRECTORS Delete		13.		ADDITIONS/CHANGES TO OFFICERS		
NAME	ROS, RAFAEL F		1.1 TITLE 1.2 NAME			☐ Change	Addition
STREET ADDRESS 2100 WEST 76TH ST. SUITE 202			1.3 STREET	ADDRESS			
CITY-ST-ZIP				it-zip			
TITLE	DELETE		2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADORESS			2.3 STREET	i i			
CITY-ST-ZIP TITLE	DELETE		2. 4 City - 1 3.1 TITLE	ST-ZIP		☐ Change	☐ Addition
NAME	, sten		3.2 NAME			T CHAIR	L ADDITION
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-1	1			
TATLE	DELETE		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	1			
CITY-ST-ZIP TITLE	DELETE		4.4 CITY - S 5.1 TITLE	T-ZIP		☐ Change	Addition
NAME		E Vectile	5.2 NAME			The control of	ADDITION
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				

SIGNATURE

I hereby certify that the informat indicated on this annual report officer or director of the corpore Block 12 or Block 13 if change

STREET ADDRESS

-13-98

synfiption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information and that my signature shall have the same legal effect as if made under oath; that I am an a this report as required by Chapter 607, Florida Statutes; and that my name appears in

558-4700