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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90181 018 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000071539**

1. Corporation Name

*Executive Investments of Florida Inc.*

Principal Place of Business

Mailing Address

US

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*8/26/96*

2. Principal Place of Business

21 *21150 Pointe Place*

2a. Mailing Address

26 *21150 Pointe Place*

Suite, Apt. #, etc.

22 *1203*

Suite, Apt. #, etc.

27 *1203*

City & State

23 *Aventura, FL*

City & State

28 *Aventura FL*

Zip Country

24 *33180* 25 *USA*

Zip Country

29 *33180* 30 *USA*

4. FEI Number

*65-0696299*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name *Michel Aovate*

82 Street Address (P.O. Box Number is Not Acceptable)

*21150 Pointe Place*

*#1203*

84 City *Aventura*

FL 85 Zip Code *33180*

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

*[Signature]*

*Michel Aovate*

*4/13/99*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *David Aovate*  
STREET ADDRESS *19501 E Country Club Dr. #505*  
CITY-ST-ZIP *Aventura FL 33180*

TITLE ☐ DELETE

NAME *Michel Aovate*  
STREET ADDRESS *21150 Pointe Place, #1203*  
CITY-ST-ZIP *Aventura, FL 33180*

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME *Aovate, Michel*

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME *Benhamou, Gilbert*

3.3 STREET ADDRESS *165 Golden Beach Dr.*

3.4 CITY-ST-ZIP *Golden Beach FL 33160*

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME *Benhamou, France*

4.3 STREET ADDRESS *165 Golden Beach Dr.*

4.4 CITY-ST-ZIP *Golden Beach FL 33160*

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michel Aovate*

*11/19/99*

*305-7790-3356*

Date

Daytime Phone #