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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024008 (9)

TFO IN	IVESTMENTS, INC.				
Principal Place of Business Mailing Address			 ,		HANY AIGH OSIN SUIOT ID II 1761
201 SEVILLA AVENUE 201 SEVILLA AVENUE					
SUITE 302 SUITE 302 CORAL GABLES FL 33134 CORAL GABLES FL 33134			•••	DO NOT WRITE IN THIS SPACE	
CORAL GABI	LES FL 33134	CORAL GABLES FL 33	3134	3. Date Incorporated or Qualified	
1				03/18/1997	ı
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2124798	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional
27		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	L Yes L No
 	9. Name and Address of Curre		81 Name	10. Name and Address of New Registers	ad Agent
MURAL, WALD, BIOINDO & MORENO, P.A.					
900 INGRAHAM BUILDING			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
25 SOUTHEAST 2ND AVENUE MIAMI FL 33131			83		
į Mi	AMI PL 33131				
1			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 aud 607 1508. Florida Sta	tutes the above-named or		
office or	registered agent, or both, in the Stat	te of Florida Such change wa	is authorized by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as registered
	am lamiliar with, and accept the oblig	gations of, Section 607,0505,	Fightia Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (N	NOTE Registered Agent signature rec	quired when reinslating) DA16	
12.	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITLE	President	Change X Addition
NAME	1		1.2 NAME	OCERIN, JOSE MIGUEL	
STREET ADORESS				201 Sevilla Avenue - :	11
CITY-ST-ZIP			1.4 CITY - ST - ZIP	Coral Gables, Fl. 33	134
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE.	2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		}
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	······································	Change Addition
NAME			5.2 NAME		Strange Factiful)
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			li i		
TITLE		DELETE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
THEE POUNTS	1		0.0 OTHER RODICES		

64 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 supplier install 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 report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 techniqued, or only attachment with an address

122 GO

FILED

May 05 1998 8:00am

Secretary of State