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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000041495 (7)

LONGRA INVESTMENTS, INC.

Principal Place of Business

Mailing Address

2000-BW-THIRD AVENUE #800-

2000 SW THIRD AVENUE #800.

FILED Apr 29 1998 8:00am Secretary of State



MIAMI FL 33129-	4MTAMI FL 33129-		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified	
			05/09/1997	
	. Mailing Address		4. FEI Number	Applied For
21 1000 BRICKELL AVE 26	1000 BRI	CKEU AVE	· 65-0751107	Not Applicable
Suite, Apt. #, \$c: 22 50/18 900 27	Suite, Apt. #, etc.	00	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIAMI FL 28	miami	FL	Trust Fund Contribution	Added to Fees
2133/3/ 25 USA 29	Zip 2 . 2	Country VSA	8. This corporation owes or has paid the	
9, Name and Address of Current Regi	33/3/ 3/	DUSA	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes L No
	stered Agent	B1 Name	10. Name and Address of New Registers	M Agent
PERRONE, STEPHEN L		144710		
2000 SW THIRD AVENUE #800-			ress (P.O. Box Number is Not Acceptable)	
MIAMITFL 33129		83	BRICKELL HVE.	
		<i>ا ب</i> ت 5	TE 900	
		84 City	ami F	85 Zin Code ,
11. Pursuant to the provisions of Sections 607.0502 and t	SOZ 1508 Florida Statutos			
office or registered agent, or both, in the State of Flor	ida. Such change was auf	horized by the corporat	tion's board of directors. I hereby accept the a	ppointment as registered
agent. I am familiar with, and accept the obligations of	or, Section 607.0505, Fioric	oa Statutes.		
SIGNATURE Signature, typed or printed hance of registered againt and let	of applicable (NGTE: B	ogislered Agent signature requir	red when reinstating) DATE	
12. OFFICERS AND DIFFE		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE	77	Change Addition
NAME PERRONE, STEPHEN L		1.2 NAME		
STREET ADDRESS #800 SW THIPD AVENUE #800		1.3 STREET ADDRESS	000 BRICKERL AVE,	SUITE 900
CITY-ST-ZIP MIAMI FL 33129		1.4 City-St-ZiP	11AMI, FLA. 33	/3/
TITLE	☐ DELETE	21 THTLE		Change Addition
NAME		2.2 NAME	OSE PURNTS	
STREET ADDRESS		2.3 STREET ADDRESS 8	OSE PURNTS 950 SW 156 ST.	J
CITY-ST-ZIP		2.4 CITY-ST-ZIP	niami PL	
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	The state of the s	
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-ZiP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		* * 6.50 65 50		
TITLE	Derett	5.4 CITY-ST-ZIP		Channa Addition
	☐ DELETE	6.1 TITLE	1	Change Addition
NAME	☐ DELEFE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE	and the same of th	☐ Change ☐ Addition

or supplemental annual report is true and accurate and that my sisted in section 1 19.0 (3)(), Florida Statules. Further certify that the information 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 allience the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an adjustment with an address. LAMON L. PORRONE Pres.

SIGNATURE:

4/20/98 305-379-7100