

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 # P97000059024

1. Corporation Name

INVESTMENTS 160 INC.

Principal Place of Business

13805 SW 107 COURT
MIAMI FL

Mailing Address

PO BOX 145482
CORAL GABLES FL 33114

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90008 031 *****8.75

03-17-1999 90008 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

65-0843235

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

2. Principal Place of Business

21 3721 SW 87 AVE

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

Zip Country

24 33155

25 DADE

2a. Mailing Address

26 3721 SW 87 AVE

Suite, Apt. #, etc.

27 City & State

28 MIAMI FL

Zip Country

29 33155

30 DADE

9. Name and Address of Current Registered Agent

HERNANDEZ, EFRAIN
5826 SW 41 STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PACHECO, DILMA	
STREET ADDRESS	13805 SW 107 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, EFRAIN	
STREET ADDRESS	5826 SW 41 STREET	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HERNANDEZ, EFRAIN	
13 STREET ADDRESS	5826 SW 41 ST	
14 CITY-ST-ZIP	MIAMI FL 33155	
21 TITLE	SH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PACHECO, DILMA	
23 STREET ADDRESS	13601 SW 121 TERR	
24 CITY-ST-ZIP	MIAMI FL 33186	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EFRAIN Hernandez

Date

2-9-99 (305)

Daytime Phone #

CR2E034 (11/98)