

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062992 (7)

1. Corporation Name
INVEC, CORP.

Principal Place of Business
15363 S.W. 43RD TERRACE
MIAMI FL 33185

Mailing Address
15363 S.W. 43RD TERRACE
MIAMI FL 33185



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0773003	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent NUNEZ, ALEJANDRO ESQ. 1607 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				81	Name BISCHOFF, EDGARDO
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	15363 SW 43rd Terrace
				84	City Miami
				85	Zip Code FL 33185

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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. Each 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BISCHOFF, EDGARDO A			1.2 NAME	BISCHOFF, EDGARDO A		
STREET ADDRESS	15363 S.W. 43RD TERRACE			1.3 STREET ADDRESS	15363 SW 43 terrace		
CITY-ST-ZIP	MIAMI FL 33185			1.4 CITY-ST-ZIP	MIAMI, FL 33185		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CATALINA IDARRAGA, MARTHA			2.2 NAME	IDARRAGA, MARTHA CATALINA		
STREET ADDRESS	15363 S.W. 43RD TERRACE			2.3 STREET ADDRESS	15363 SW 43 terrace		
CITY-ST-ZIP	MIAMI FL 33185			2.4 CITY-ST-ZIP	MIAMI, FL 33185		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CATALINA IDARRAGA, MARTHA			3.2 NAME	IDARRAGA, MARTHA CATALINA		
STREET ADDRESS	15363 S.W. 43RD TERRACE			3.3 STREET ADDRESS	15363 SW 43 terrace		
CITY-ST-ZIP	MIAMI FL 33185			3.4 CITY-ST-ZIP	MIAMI, FL 33185		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 correct, 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 file 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.

SIGNATURE

EDGARDO BISCHOFF - JAN 16/98

CR2E034 (10/97)