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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 23 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073300 (0)

MCA II	NVESTMENT INC.								
Principal Plac	ce of Business	Mailing Address				 	in foile d'Alle Mh	() IUDi	
801 BRICKELL KEY DR. SUITE 501 601 BRICKELL KEY DR., SL MIAMI FL 33131-2651 MIAMI FL 33131-2651					DO NOT WRITE	E IN THIS SPA	CE		
					3. Date incorporated or Qualified				7
}					08/22/1997				Ì
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	7	Applie	d For	1
21		26			65-0778087		Not A	pplicable]
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	□ \$	8.75 Addi Fee Requir		
City & Sta	te	City & State		_	6. Election Campaign Financing		\$5.00 ма	у Ве	7
23		28			Trust Fund Contribution		Added to F	ees	4
Zιρ	Country	Ζφ	Country	<i>'</i>	8. This corporation owes or has pa	_			ı
24	25	29	30		Personal Property Tax due June 10. Name and Address of New Re			0	4
	9. Name and Address of Currer	it Hegistered Agent	81	Name	10, Name and Address of New He	Bisieled Was	<u></u>		┨
	JTIERREZ, RENALDY J		["	TVallie					
	1 BRICKELL KEY DR., SUITE 501		82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)			1
M	AMI FL 33131-2651		83	 					4
			~	ĺ					
			84	1 7		FL 8		-	
11. Pursuant office or agent 1 a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligi	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the abov authorized by rida Statute	e-named corp y the corporal s.	poration submits this statement for the p tion's board of directors. I hereby acce	ourpose of cha pt the appoint	anging its re ment as reg	gistered istered	
SIGNATURE									
<u> </u>	Signature, typed or printed name of registered ago			ent signature requi	ired when reinstating)	DATE	~FOTODO !!		16
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE			Addition	8
TITLE	Director/President/Secretary						Oriange E	_ ROUNION	15
	NAME Martin Bernardo Capurro STREET ADORESS Ave. Congreso 2061, 7mo Piso C			. ABDDCOO					18
									ű
CITY-ST-ZIP TITLE	Capital Federal,		A POPENIA 21 TITLE	Eina			Change [Addition	ქშ
NAME	Assistant Secret	ary	2.2 NAME					_ , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS	Renaldy J. Gutierrez			ADDRESS					1
	LOOT DITCHCIT NOV DI " "DIG" DOI								
CITY-ST-ZIP TITLE	Miami, FL 33131	-2651 DELETE	2. 4 CITY - 3.1 TITLE	51-ZIP			Change	Addition	┨
NAME	1		3.2 NAME			_		•	1
STREET ADDRESS]		3.3 STREET	ADDRESS					1
CITY-ST-ZIP			3.4. CITY-						<u> </u>
TITLE		DELETE	4.1 TITLE				Change	Addition	T
NAME			4. 2 NAME						1
STREET ADDRESS			4.3 STREET	ADORESS					1
CITY-ST-ZIP	1		4.4 CITY- S						
TITLE		☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	1
NAME	}		5.2 NAME	}					1
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - 5						
TETLE		☐ DELETE	6.1 TITLE				Change	Addition	1
NAME	[6.2 NAME						
STREET ADORESS			6 3 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 in suppliemental 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 frustee 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.