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

P97000082120 (1)

EFN INVESTMENTS CORPORA	ATION	1 13 11 11 14 13 11 11 11 11 11
Principal Place of Business	Mailing Address	
12834 SOUTHWEST 119TH TERRACE MIAMI FL 33186	12834 SOUTHWEST 119TH TERRACE MIAMI FL 33186	po no
		3. Date Incorporated or C 09/23/1997
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-078/0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status De

FILED Apr 09 1998 8:00am Secretary of State

3. Date Incorporated or Qualified 09/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 7 9 1 1 2	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 7 9 1 1 2	
	Applied For
	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the	current year Intangible
24 25 29 30 Personal Property Tax due June 30.	Yes 🔲 No
Name and Address of Current Registered Agent 10. Name and Address of New Register	red Agent
AMERILAWYER CHARTERED 81 Name FELVE NO NIMI CITUAL	v
343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)	
	race
83 ///	
The state of the s	1-1-0
84 City Mrosm	EL 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	se 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 agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	appointment as registered
Do. 1/2	1/2
SIGNATURE Signature, typed or person name of regulations agreed and effect it applicable (NOTE Registered Agent signature required when reinstating) DA	TE
12. OFFICERS AND ARECTORS 13. ADDITIONS/CHANGES TO OFFICERS.	AND DIRECTORS IN 12
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CITY-ST-ZIP MIAMI FL 33186 1.4 CITY-ST-ZIP Man P 37/86	
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14. Thereby 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 supplementar 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 amyoddress.

SIGNATURE: