

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

FILED
Jan 15 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 # P97000093409 (5)

1. Corporation Name
RZH INVESTMENT GROUP, INC.



Principal Place of Business
**12880 PORTSAID RD.
 OPA-LOCKA FL 33054**

Mailing Address
**12880 PORTSAID RD.
 OPA-LOCKA FL 33054**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/30/1997

4. FLL Number

65-0798435

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 or has paid the current year Intangible Personal Property Tax due June 30 Yes No

10. Name and Address of New Registered Agent

**HERNANDEZ, EDUARDO
 12880 PORTSAID RD.
 OPA-LOCKA FL 33054**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE: **D**
 NAME: **HERNANDEZ, EDUARDO**
 STREET ADDRESS: **12880 PORTSAID RD.**
 CITY-ST-ZIP: **OPA-LOCKA FL 33054**

TITLE: **D**
 NAME: **ZARRALUGUI, ALBERT L**
 STREET ADDRESS: **12880 PORTSAID RD.**
 CITY-ST-ZIP: **OPA-LOCKA FL 33054**

TITLE: **D**
 NAME: **ZARRALUGUI, JOSE**
 STREET ADDRESS: **12880 PORTSAID RD.**
 CITY-ST-ZIP: **OPA-LOCKA FL 33054**

TITLE: **D**
 NAME: **RODRIGUEZ, EDDIE**
 STREET ADDRESS: **12880 PORTSAID RD.**
 CITY-ST-ZIP: **OPA-LOCKA FL 33054**

TITLE: DELETE

TITLE: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

61 TITLE Change 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 reports 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 as an attachment with a address.

SIGNATURE:

[Handwritten Signature]

1/3/98

CR2E034 (10/97)