

COND) NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

AMENDED

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PG8000006124
Corporation Name

MIAMI-DADE INVESTMENT GROUP, INC.

FILED
00 JAN 26 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1248 S.W. 63rd Terr. 11248 S.W. 63rd Terr.
Miami, Florida 33173 Miami, Florida 33173

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
11248 S.W. 63rd Terr.	26	1-21-98
Suite Apt #, etc.	27	4. FEI Number
		65-0837872
City & State	City & State	Applied For
Miami, Florida	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
33173	25 USA	29
		30
		Country
		130

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Armando Oliveros, Jr., P.A. 2600 So. Douglas Road, #400 Coral Gables, Florida 33134	81 Name Armando Oliveros, Jr., Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 815 Ponce de Leon Blvd., #200 83 84 City Miami, FL 85 Zip Code 33173

1. Pursuant to the provisions of sections 607.0602 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 I accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title (if applicable)		(NOTE: Registered Agent signature required when reinstating)	
1. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Manuel Alonso Dir./Pres.	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	1.2 NAME	Jose Ramon Lopez
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	Dir./Pres.
	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	11248 S.W. 63rd Terr. Miami, FL 33173
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	100003118701--5
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	-02/01/00--01086--003
	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	****300.00
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP	

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.

SIGNATURE Jose Ramon Lopez 1/24/2000