

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000012181

Corporation Name  
INVESTIGATE, INC.

Principal Place of Business  
1825 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134 4418

Mailing Address  
1825 PONCE DE LEON BLVD.  
NO. 397  
CORAL GABLES FL 33134 4418

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90012 034 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5830 SW 17 ST  
Suite, Apt. #, etc.  
City & State  
Miami FL  
Country  
USA  
Zip  
33155

2a. Mailing Address  
26 5830 SW 17 ST  
27 Suite, Apt. #, etc.  
28 Miami, FL  
29 33155  
30 Country

3. Date Incorporated or Qualified  
02/06/1998  
4. FEI Number  
65-0813918  
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 the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOPEZ, RICHARD  
1825 PONCE DE LEON BLVD.  
NO. 397  
CORAL GABLES FL 33134 4418

10. Name and Address of New Registered Agent

81 Name Richard Lopez  
82 Street Address (P.O. Box Number is Not Acceptable)  
5830 SW 17 ST  
83  
84 City Miami FL 85 Zip Code 33155

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: Richard Lopez President 9/7/99  
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

D  
LOPEZ, RICHARD  
1825 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134 4418

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
LOPEZ, RICHARD  
5830 SW 17 ST  
Miami, FL 33155

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

7.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

8.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP

9.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP

10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY-ST-ZIP

11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-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 stated 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Lopez President 9/7/99

CR2E034 (5/99)