PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 10, 1999 8:00 am Secretary of State

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DOCUMENT # P98000023477

1. Corporation Name

WAR INVESTMENT CORPORATION

| Principal Plac | e of Business | Mailing Address | | | | ra tim libran emere amere 401te abert 60170 f | fa dy (1111 416 11 | 19811 [98] [94] |
|--|---|---|---|---|--------------------------|---|----------------------------------|------------------------------|
| 1250 S.E. 8TH | | 1250 S.E. 8TH AVE. | | | } | | | |
| HIALEAH FL 3 | 3143 | HIALEAH FL 33143 | | | | DO NOT WRITE IN THIS | SPACE | |
| } | • | | | | | orated or Qualifed | OF AUE | |
| | | | | | 03/12/19 | | | |
| 2. Principal F | Place of Business | 2a. Mailing Address 26 | | | 4, FEI Numbe | 65-0852219 | No | oplied For ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5, Certificate of | f Status Desired | | Additional equired |
| City & Sta | te | City & State | | | 6. Election Ca | mpaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | Trust Fund | Contribution | | to Fees |
| Zip | Country | Zip | Count | Ŋ | | ation owes the current year Inta | | ш. |
| 24 | 25 | 29 | 30 | | | operty Tax | | No |
| | 9. Name and Address of Current | r vaRismien väeur | 8 | 1 Name | | | -84 | |
| RIOS | S, ARGELIA | | | | | LELLANA | <u> </u> | |
| | 2 S.W. 81ST DR. | | 8 | 2 Street A | Vadress (P.O. Box Num | iber is Norticceptable) | | |
| MIAI | MI FL 33143 | | 8 | 3 | 1717 30 | - 10 VE | | |
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| | | | 8 | 4 City | HIACEAH | FL | | Code 11/2/3 |
| 11. Pursuant | to the provisions of Sections 607.0502 registered eigent of one in the State of am Regiliar with, and all cept the obligati | 2 and 607.1508, Florida Statute | s, the abo | ve named c | corporation submits this | statement for the purpose of | hanging its | registered |
| office or a | registered agent or not in the State of an institute with, and a cest the obligati | of Florida. Such change was autions of, Section 607,0505, Flori | thorized b da Statute | y the corpor ss. | ration's board of direct | ors. I nereby accept the appoin | tment as re | gistered |
| SIGNATURE | V 110.1 1 1 100. | 4 | | | | | | |
| SIGNATURE | Signature types or printed name of malical angular | | | | | | | |
|) | Signature types or printed name of myster pagent | Indian applicable. (NOTE: F | Registered Ag | ent signature re | quired when reinstating) | DATE | | |
| 12. | OFFICERS AND | D DIRECTORS . | 13. | | | DATE CHANGES TO OFFICERS AND | | |
| 12. | P OFFICERS AND | | 13. | | | | DIRECTO | ORS IN 12 |
| TITLE NAME | P RIOS, WALTER | D DIRECTORS . | 13. 1.1 TITLE 1.2 NAME | | | | | |
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14. I hereby certific bat 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 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 depote shall be 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 (changed, or or pringitachment with an address, with all other like empowered.

SIGNATURE:

NUMBER OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR