

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000024662

1. Corporation Name

FINANCIAL: EMPIRE INVESTMENTS, INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90147 015 \*\*\*150.00



45110.40 / 1781 1 1 - 0 - 11 1									
Principal Place		Mailing .	Address		<del></del>	1 (40)(40) (40) (40) (40) (40)	, ****** <b>##</b> 11 <b>#</b> [][	.,, 91919 91116 9	*****
13882 SOUTHWEST 64TH STREET 13882 SOUTHWEST 64TH STR				TREET					
MIAMI FL 33183 MIAMI FL 33183									
	•					DO NOT WRIT	E IN THIS S	SPACE	
						3. Date Incorporated or Qualifed 03/17/1998		<del></del>	
	lace of Business	2a. Mail	ing Address			4. FEI Number			olied For
21		26				650822760		<del></del>	Applicable
Suite, Apt.	#, etc.	$\vdash$	Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>\$8.75</b> A	
22	·	27					<del></del>		
City & Stat	e · ·	_ <b>├</b> ─ `	& State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 r Added to	
23	Country	28 7in	Zip Country				ent voor Into		71 003
Zip	Çountry	_ <u></u>	¬ '			8. This corporation owes the current year Intangible Personal Property Tax.			
24	9 Name and Address of Curren	29 t Registered		30]		10. Name and Address of New R			
	3. Italine and Address of Curren	· volusionen	- Agent	8	1 Name 1		<b>J</b>		$\neg \neg \neg$
AME	RILAWYER				1				
343 ALMERIA AVENUE				]8		dress (P.O. Box Number is Not Accepta	DIB)		]
COR	AL GABLES FL 33134			lε	3	200 (43)			
				Ľ	1				
				8	4 City	ismi	FL	85 Zip C	ode 3
44 Dumumt	to the arrayinions of Sections 607 050	2 and 607 15	08 Florida Statute	s the abo	vo named co	enoration cubmite this statement for the	numose of o	hanging its i	registered
l office or r	egistered agent, or both, in the State	of Florida. St	ich change was au	ithorized t	v the corpora	tion's board of directors. I hereby accep	t the appoin	tment as reg	jistered
agent. I a	m familiar with and accept the obligat	tions of, Sect	ion 607.0505, Fior	ida Statuti	es.		1/20/	99	
SIGNATURE	Signature, typed or printed name of registered ager		TTA / Pres	Paristered A	ent eignature regi	uired when reinstating)	DATE	<i>''</i>	—
12.	OFFICERS AN			13.	Jan signaturo red	ADDITIONS/CHANGES TO OF	ICERS AND	DIRECTO	RS IN 12
TITLE	PSTD		☐ DELETE	1.1 TITLE	$\equiv$			☐ Change	Addition
NAME	PORTAL, LUIS			1.2 NAM	E		,		
STREET ADDRESS	13882 SOUTHWEST 64TH STR	FFT		1.3 STRI	ET ADDRESS		11. 1	1,14 , 1,01	
CITY-ST-ZIP/	MIAMI FL 33183			1.4 CITY			,		ļ
TITLE			☐ DELETE	2.1 TITLE	-			Change	Addition
NAME			# 45.T	2.2 NAM	F			•	{
STREET ADDRESS		• •		2.3 STRI	ET ADDRESS				
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				5.4 CITY					
CITY-ST-ZIP TITLE									
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l			☐ DELETE	6.1 TITL		<u> </u>		Change	Addition
NAME			☐ DELETE	6.1 TITL	E			Change	☐ Addition
l			☐ DELETE	6.1 TITL 6.2 NAM 6.3 STR				Change	Addition

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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)387-7073