May 06, 1999 8:00 am Secretary of State

05-06-1999 90024 010 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000043179

1. Corporation Name

Principal Place of Business

NORTH AND SOUTH AMERICA INVESTMENT GROUP, INC.

2350 CORAL WAY SUITE 403 MIAMI FL 33145		2350 CORAL WAY Suite 403 Miami Fl 33145			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
					1	05/13/1998				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied	d For	
21		26				65-0835794		Not Ap	plicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
22 City 8 Ct-16		City & State			—	6. Election Campaign Financing		.00 May		
City & State	, 	28				Trust Fund Contribution		ded to F	, ,	
Zip	Country	Zip	Country			8. This corporation owes the current year In		~		
24	25	29 30				Personal Property Tax.	∐ Yes		No	
	9. Name and Address of Current	t Registered Agent	_ _			10. Name and Address of New Registered	Agent			
F=01	IAMBET OBJANDO ID		81	Nar	me					
FERNANDEZ, ORLANDO JR 2350 CORAL WAY			82	Stre	reet Address (P.O. Box Number is Not Acceptable)					
SUITE 403			83							
MIAMI FL 33145			84	City		85 Zip			e	
	•			-		<u> </u>				
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 agen	t and title if applicable. (NOTE: Regi	stered Agen	t signat	ture required w	when reinstating) DATE			\	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A				
TITLE	D	☐ DELETE	1.1 TITLE		1		Ch:	апде [Addition	
NAME	Fernandez, Orlando Jr		1.2 NAME						Į.	
STREET ADDRESS	2350 CORAL WAY		1.3 STREET	ADDRE	ESS				1	
CITY-ST-ZIP	MIAMI FL 33145 1.4 CI		1.4 CITY-S	T-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE		1		∑drCh	ange [Addition	
NAME	DE PAZÎRLANDO	l l	2.2 NAME		De	- paz, oelando			ļ	
STREET ADDRESS	2350 CORAL WAY		2.3 STREET	ADOR		3			ĺ	
CITY:ST-ZIP	MIAMI.FL.33145 .		2 4 CITY-S	T-ZIP						
TITLE		☐ DELETE	3.1 TITLE				☐ Ch	ange [Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDRE	ESS					
CITY-ST-ZIP		<u></u>	3.4. CITY- S	T-ZIP						
TITLE		☐ DELETE	4.1 TITLE				☐ Ch	ange [Addition	
NAME			4 2 NAME						ļ	
STREET ADDRESS		Ī	4.3 STREET	r addri	ESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	_					
TITLE		☐ DELETE	5.1 TITLE				Ch	ange [Addition	
NAME			5.2 NAME						1	
STREET ADDRESS		Į.	5.3 STREET	(ADOR)	ESS				Į	
CfTY-ST-ZJP			5.4 CITY-S	T-ZIP						
TITLE			6.1 TITLE				☐ Ch	ange [Addition	
NAME			6.2 NAME		-				}	
STREET ADDRESS			6.3 STREET	FADOR!	ess					

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 the 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR