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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

OUR INVESTMENT GROUP			
Principal Place of Business	Mailing Address		
15734 86TH RD LOXAHATCHEE FL 33470	15734 86TH RD LOXAHATCHEE FL	33470	
			3. Date Inco 05/19/1
2. Principal Place of Business -	2a - Mailing Addre	\$\$	4. FEI Numt
Suite, Apt. #, etc.	Suite, Apt. #,	etc.	5. Certifcate
City & State	City & State		6. Election (Trust Fun
Zip Country	Zip 29	Country 30	8. This corp Personal
9. Name and Addres	s of Current Registered Agent		10, Name an
NIETO, DAGO ALFONSO 15734 86TH RD LOXAHATCHEE FL 33470		83	ddress (P.O. Box N
		84 City	

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90073 047 ***150.00



DO NOT WRITE IN THIS SPACE prporated or Qualifed 1998 -Applied For 590088 Not Applicable \$8.75 Additional of Status Desired Fee Required Campaign Financing \$5.00 May Be Added to Fees d Contribution oration owes the current year Intangible ☐ Yes MNo Property Tax. d Address of New Registered Agent lumber is Not Acceptable) Zip Code 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change DELETE 11TITE TITLE Dago Alfonso Nieto 15734 867 RO 1.2 NAME NIETO, DAGO ALFONSO NAME 1.3 STREET ADDRESS 15734 86TH RD STREET ADDRESS oxahatcheekl 33470 LOXAHATCHEE FL 33470 1.4 CITY-ST-ZIP CITY-ST-ZIF **∠** Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME --2.3 STREET ADDRESS STREET ADDRESS Boca Raton, FL 33431 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ____ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY+ST-ZIP

14. I hereby certify that the information supplies with this filing does not quelify indicated on this annual report or supplieriental annual report is true and a officer or director of the corporation or the receiver or trusted employers of Block 12 or Block 13 if changed, or on an attachment with an address, with lify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)