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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine 😽 rris

Secretary of, Late DIVISION OF CORPORATIONS

1999

**DOCUMENT #** 1. Corporation Name

INVESTMENT SOLUTIONS, INC.

Principal Place of Business

Mailing Address

May 10, 1999 8:00 am Secretary of State

05-10-1999 90281 049 \*\*\*150.00

315 W. 28th ST #3	315 W. 281	1 st #3		
MIANI BON FL HIAMI BEACH FL 331		H FL 33140	DO NOT WRITE IN THI	S SPACE
Jukin 2011.			3. Date Incorporated or Qualifed	
33140			Nov 98	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		APPLIED FOR	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	- Country	Trust Fund Contribution	Added to Fees
Zip Country -	2ip 30	Country — —	This corporation owes the current year li     Personal Property Tax.	ntangible  Yes No
24 25 9. Name and Address of Current	_ <del>                      _     _  </del>	U	10. Name and Address of New Registered	
		81 Name B		
BRAND-CAMINO NICOLAS				1COLAS
315 W. 28th St #3			ess (P.O. Box Number is Not Acceptable)	
312 m. 501, 21 #	5 a	83	W: 20 111 31 41 5	
MIAMI BEACH FL-3	3140			
		84 City	imi' BEDCH FI	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	Ab a sleet	and an automita this statement for the purpose of	f shanging its societored
11. Pursuant to the provisions of Sections 407 US02 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar visit accept the obligations of, Section 607.0505, Florida Statutes.				
LANSET Z		NICOLAS	e la clua	O)
SIGNATURE Signature, typed or Nijeted name of registered agent		egistered Agent signature required		<del></del>
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition  Change Addition
TITLE PRESIDENT	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition ☐
NAME BIZAUD- CAMINO, NI	colas _	. 1.2 NAME		34
STREET ADDRESS 31 5 4.		1.3 STREET ADDRESS		<u> </u>
CITY-ST-ZIP FLORIDA 3314	<u> </u>	1.4 CITY-ST-ZIP		&
TITLE SECRETARY	DELETE	2.1 TITLE		☐ Change ☐ Addition ☐
NAME GUIHARAGS, LUIS A		22 NAME		
STREET ADDRESS 10295 COLLINS AV	# 355	2.3 STREET ADDRESS		
CITY-ST-ZIP BAL HARBOUR	FL-33140	2. 4 CITY-ST-ZIP	<u>-</u> .	
TITLE	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		}
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<del></del>	
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 13 if Changey from an attachment with an address, with all other like empowered.

SIGNATURE: