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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90054 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000105176

1. Corporation Name
INVESTMENT FINANCE CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**13005 S.W. 69TH COURT
MIAMI FL 33168**

Mailing Address
**13005 S.W. 69TH COURT
MIAMI FL 33168**

3. Date Incorporated or Qualified

12/17/1998

4. FEI Number

65-0888790

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 **312 MINORCA AVE**

Suite, Apt. #, etc.

22 **Suite 200**

City & State

23 **Coral Gables FL**

Zip Country

24 **33134**

25

2a. Mailing Address

26 **312 MINORCA AVE**

Suite, Apt. #, etc.

27 **Suite 200**

City & State

28 **Coral Gables, FL**

Zip Country

29 **33134**

30

9. Name and Address of Current Registered Agent

**LAMAR, MARIO A
3971 S.W. 8TH STREET
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D LACKOWITZ, JEFFERY
13005 S.W. 69TH COURT
MIAMI FL 33168**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

President/Director ☐ Change ☒ Addition

312 MINORCA AVE, Ste 200

Coral Gables, FL 33134

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Secretary/Treasurer ☐ Change ☒ Addition

Mark T. Parra

312 MINORCA AVE, Ste 200

Coral Gables, FL 33134

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 305-529-6775

CR2E034 (11/98)