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

PROFIT



FLORIDA DEPARTMENT OF STATE

FILED Apr 23, 1999 8:00 am

ANNL	JAL REPORT 1999		Katherine Harris Secretary of State DIVISTON OF CORPORATIONS		Secretary of State 04-23-1999 90072 007 ***150.00		
DOCUMENT # S49461, 1. Corporation Name Invest Safely Principal Place of Business GOLD Fembroke Rd. Hollywood for 33023					# 3 397946 - 90072 - 7 6 # DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
Zip	Count 25	28	_	Country 30	Election Campaign Financing Trust Fund Contribution Note: The Contribution This corporation owes the current yersonal Property Tax.		
office or re	to the provisions of Sec egistered agent, or both	OKE ROOM TO Stions 607.0502 and 607. In, in the State of Florida. The obligations of, See	1508, Florida Statute Such change was au	84 City s, the above-named corp thorized by the corporation	ress (P.O. Box Number is Not Acceptable) poration submits this statement for the purpon's board of directors. I hereby accept the	FL 85 Zip Cose of changing its appointment as reg	registered
SIGNATURE	Signature, typed or printed nam	e of registered agent and title if app	licable (NOTE:	Registered Agent signature require		ATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hector Rosemanie Giol Perm	DEFICERS AND DIRECT	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	Addition
TITLE NAME , STREET ADDRESS CITY-ST-ZIP	,		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	,		DELETE -			☐ Change	Addition
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CITY-ST-ZIP ITTLE NAME STREET ADDRESS			☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		☐ Change	Addition
C/TY-ST-Z/P	<u> </u>	ii a tal al i dii		6.4 CITY-ST-ZIP	Section 119 07/31/i) Florida Statutes I furth	26. 4b 4 4b 2 4b	

I nereby 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 informatic indicated on this annual peport 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 parporation 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 the largest or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #