FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:59

DOCUMENT # S61751 (1)

1. Corporation Name
DINO INVESTMENT CORP.

Principal Place of Business
1866 NW 82 AVE.
MIAMI FL 33126
US

Mailing Address
1866 NW 82 AVE.
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/24/1991
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business
21 2025 BRICKELL AVE
Suite, Apt. #, etc.
22 302
City & State
23 MIAMI, FL
Zip 24 33129 Country 25

2a. Mailing Address
26 2025 BRICKELL AVE
Suite, Apt. #, etc.
27 302
City & State
28 MIAMI, FL
Zip 29 33129 Country 30

4. FEI Number: 65-0309334 — Applied For / Not Applicable

5. Certificate of Status Desired: [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent
ROMAN, NORBERTO
1865 BRICKELL AVE
#A-914
MIAMI FL 33129

10. Name and Address of New Registered Agent
81 Name: ROMAN, NORBERTO
82 Street Address (P.O. Box Number is Not Acceptable): 2025 BRICKELL AVE #302
83
84 City: MIAMI FL 85 Zip Code: 33129

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[X] Change [ ] Addition
NAME	ROMAN, NORBERTO	1.2 NAME	
STREET ADDRESS	1865 BRICKEL AVE., #A-914	1.3 STREET ADDRESS	2025 BRICKELL AVE #302
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33129
TITLE	SVD	2.1 TITLE	[X] Change [ ] Addition
NAME	STEIN, JORGE E.	2.2 NAME	
STREET ADDRESS	1865 BRICKELL AVE., #A-913	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: NORBERTO ROMAN, PRES. 1-17-95 477-4671
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR Date Daytime Phone #

0123602 CP