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

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

100 S. BISCAYNE BLVD.

SUITE #800

MIAMI FL 33131



Mailing Address

SUITE #800

MIAMI FL 33131

100 S. BISCAYNE BLVD.

FLÖRIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S78399

PORTFOLIO INVESTMENTS CORP.

FILED							
Feb 08, 1999 8:00am							
Secretary of State							

02-08-1999 90051 007 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					09/06/1991		
2 Principal P	lace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number	Applied For	
21					65-0305850	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					· ·	\$8.75 Additional	
22	27				5. Certificate of Status Desired	Fee Required	
City & State City & State				***	6. Election Campaign Financing	\$5.00 May Be	
¬ ′	28			Trust Fund Contribution	Added to Fees		
Zip				Country 8. This corporation owes the current year In		ear Intangible	
─ '	25	29 3	¬ '		Personal Property Tax.	☐Yes ☐No	
24 25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Regis	tered Agent	
3. Name and Address of Outroll Register to Agent				Name			
DEDEC ALEONOO I							
≘00 100	S. BISCAYNE BLVD.		82	82 Street Address (P.O. Box Number is Not Acceptable)			
71112	E #800		83		\$ 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1	12.00 100 100 100 100 100 100 100 100 100	
	Al FL 33131	·					
WIN	WI LE 20101 :		84	City	ONLE ALL . 1 FIG.	85 Zip Code	
FL							
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							
office of registered agent, or both, in the state of Fiorida Sucrit change was authorized by the corporation's board or directors. Thereby described agent, if am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.							
SIGNATURE							
0.0.0.0.0.0.	Signature, typed or printed name of registered agent a			signature required		ATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	PEREZ, ALFONSO J.		1.2 NAME				
STREET ADDRESS	100 S. BISCAYNE BLVD.	•	1,3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1,4 CITY-ST	ZIP			
TILE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME			2.2 NAME			Ì.	
STREET ADDRESS	:		2.3 STREET	ADDRESS		·	
CITY-ST-ZIP	وحمور بعوي فالراب		2. 4 CITY-S	T-ZIP		•	
TITLE		☐ DELETE	3.1 TITLE	-		☐ Change ☐ Addition	
2.77		•	3.2 NAME			. *	
NAME ADDRESS	Mindred the first of the second		3.3 STREET	ADDRESS			
STREET ADDRESS						· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	57	☐ DELETE	3.4. CITY-S' 4.1 TITLE	1-417			
TITLE							
NAME.			4. 2 NAME				
STREET ADDRESS		SAL .	4.3 STREET	i		,	
CITY-ST-ZIP	**	(Surface State Sta	4.4 CITY-ST	r-ZIP		☐ Change ☐ Addition	
TITLE	· .	DELETE	5.1 TITLE	İ			
NAME			5.2 NAME				
STREET ADDRESS		1	5.3 STREET		and the same		
CITY-ST-ZIP	i.i.		5.4 CITY-S1	r-ZIP	Tymish o hit fills	F70 F70 F70	
TITLE . ,	高点点。\$P\$ 1.4	☐ DELETE	6.1 TITLE			Change Addition	
NAME .			6.2 NAME			,	
STREET ADDRESS			6.3 STREET	ADDRESS		•	
CITY-ST-ZIP	-		6.4 CITY-ST	r-ZIP			
OH L-OH-ZIF	L	all special and the special			Section 440.07(2\ti) Florida Statutos I fuel	har partify that the information	

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 informatic 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 or an attachment with an address, with all other like empowered.

SIGNATURE: _

TRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/94.

Daytime Phone #

CR2E034 (11/98)