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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S89031

MANE IN	Name				
	IVESTMENTS, INC.				
AAVVAIT IIŽ	VEOTIVICIO, NO.			T CONTINUE OF THE CONTINUE OF	EN BIBLI BLØJI BLØLT 1881
Principal Place	of Business	Mailing Address		( (\$20)20/0 )31 (81/0 (81/1 00/90 (41/0 1910 1910) gible 3	BŞT BIBIT ĞİBIL ALARK IDDI
100 S.E. SECON	ID ST.	100 S.E. SECOND ST.			
17TH FLOOR		17TH FLOOR		' DO NOT MOTE IN THIS SOA	CE.
MIAMI FL 33131	-1101	MIAM) FL 33131-1101		DO NOT WRITE IN THIS SPA	<u></u>
US	, ,	US		3. Date Incorporated or Qualifed	
				10/22/1991	T 1
	ace of Business	2a. Mailing Address	-	4. FEI Number	Applied For
21		26		- 65-0293461	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	8.75 Additional Fee Required
22		27			
City & State	• .	City & State		, - 1	5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country ·	8. This corporation owes the current year Intangil	ole 📈
24	25	29	30	T Claditat Tropolity Taxi	Yes No
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered Age	nt
	<u>``</u>		81 Name		
	DHOFF, JOHN H.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
100 S.E. 2ND ST., 17TH FLOOR					
11TH FLOOR			83		
MIAN	AI FL 33131	•	24 20		5 Zip Code
	•		84 City	FL   <sup>8</sup>	S Zip Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the above-named corr	poration submits this statement for the purpose of char	ging its registered
l office or re	egistered agent or both in the State	of Florida, Such change was au	inorized by the corporati	on's board of directors. I hereby accept the appointme	nt as registered
agent. Fai	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	·				
		st and this K annulushing (NOTS)	Pagistared Agent signature require	ad when reinstating) DATE	
42	Signature, typed or printed name of registered age		Registered Agent signature require		IRECTORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12 Change    Addition
TITLE	OFFICERS AN	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE NAME	OFFICERS AN PVD ORLANDO DE ALMEIDA, SOAF	DELETE	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	PVD ORLANDO DE ALMEIDA, SOAF 100 SE 2ND ST 17TH FL	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PVD ORLANDO DE ALMEIDA, SOAF 100 SE 2ND ST 17TH FL MIAMI FL	ID DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PVD ORLANDO DE ALMEIDA, SOAF 100 SE 2ND ST 17TH FL MIAMI FL ST ORLANDO DE ALMEIDA, SOAF 100 SE 2ND ST 17TH FL	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PVD ORLANDO DE ALMEIDA, SOAF 100 SE 2ND ST 17TH FL MIAMI FL ST ORLANDO DE ALMEIDA, SOAF 100 SE 2ND ST 17TH FL MIAMI FL	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition  Change Addition  Change Addition  Change Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PVD ORLANDO DE ALMEIDA, SOAF 100 SE 2ND ST 17TH FL MIAMI FL ST ORLANDO DE ALMEIDA, SOAF 100 SE 2ND ST 17TH FL MIAMI FL	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition  Change Addition  Change Addition  Change Addition

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 12 or Block 13 if changed, or on an altachment with an address. The report of the corporation o

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FE3 19-1979