

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Neumann  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **S92895** (9)

95 MAY -1 AM 10:35

MIAMINVEST CORP.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **80 SW 8TH ST, STE 2800 MIAMI FL 33130**  
Mailing Address: **80 SW 8TH ST, STE 2800 MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
80 SW 8TH ST, STE 2800 MIAMI FL 33130		80 SW 8TH ST, STE 2800 MIAMI FL 33130		11/08/1991	04/29/1994
21. State, Apt #, etc.	26. State, Apt #, etc.	4. FEI Number	Applied For		
MIAMI FL 33130	MIAMI FL 33130	65-0297487	Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
MIAMI FL	MIAMI FL	<input type="checkbox"/> Yes <input type="checkbox"/> No			
24. City	25. County	29. City	30. Country	8. This corporation has liability for intangible tax under S. 199(3)(2), Florida Statutes	
MIAMI	DADE	MIAMI	USA	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FERRAZ, EDUARDO A</b> 80 SW 8TH ST, STE 2800 MIAMI FL 33130				b1. Name			
				b2. Street Address (P.O. Box Number is Not Acceptable)			
				b3. City			
				b4. State		b5. Zip Code	
FL		33130					

11. Pursuant to the provisions of Sections 607.04(1) and 607.15(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address stated herein 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 hereby held and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE TO OFFICERS AND DIRECTORS	
1. NAME	D MIRANDA, MIRCIO DA C.R. 280 SW 8TH STREET MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	V FERRAZ, EDUARDO A 80 SW 8TH ST, STE 2800 MIAMI FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199(2)(a) 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the Section 12 of this report as an attachment with an address.

SIGNATURE:  SIGNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 (305) 5365600