

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

3. Date Incorporated or Qualified 11/08/1991		3a. Date of Last Report 04/29/1994	
4. FEI Number 65-0297487		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FERRAZ, EDUARDO A 80 SW 8TH ST, STE 2800 MIAMI FL 33130				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0407 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____

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
11. NAME	11. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. NAME	12. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
13. NAME	13. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14. NAME	14. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
15. NAME	15. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
16. NAME	16. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
17. NAME	17. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
18. NAME	18. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
19. NAME	19. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
20. NAME	20. 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 199.032 and 199.033, Florida Statutes. I further certify that the information indicated on the 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 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