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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S94968

PALM BAY INVESTMENTS, INC.

FILED

May 05 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 1110 BRICKELL AVENUE 1110 BRICKELL AVENUE SUITE 502

SUITE 502 MIAMI FL 33131

MIAMI FL 33131		MIAMI FL 33131			DO NOT WRITE IN THIS SPACE	
1					3. Date Incorporated or Qualified	
					11/19/1991	
	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
<u> </u>	10 Brickell Avenue 26 1110 Brickell			venu	ue 65-0304828 Not Applicable	
Suite, Apt.	#, et c.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22 502		27 502			Fee Required	
City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be	
23 Miami Fl. 28 Miami Fl.					Trust Fund Contribution Added to Fees	
Zlp	Country		country		8. This corporation owes or has paid the current year Intangible	
24 3313		29 33131 30	JS_		Personal Property Tax due June 30. 📜 Yes 🔲 No	
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent						
1	ELLES, ALBERTO N.		81	Name	е	
815 PO NCE DE LEON BLVD.			82	Street	et Address (P.O. Box Number is Not Acceptable)	
2ND FLOOR						
CC	PRAL GABLES FL 33134		83	İ		
			84	City	85 Zip Code	
			"	l Oily	FL S Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above	-named	ed corporation submits this statement for the purpose of changing its registered	
agent. La	m f amiliar with, and accept the obligat	ions of, Section 607.0505, Florida S	zed by Italutes	· ine con 3.	orporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
01011110112	Signature, typed or printed name of registered agent		ored Age	nt signature	ure required when reinstating) DATE	
12.	OFFICERS AND		3		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE 1	1 TITLE		VP / Director	
NAME	MALAVE, ARTURO		2 NAME		Carlos F. Lahrssen	
STREET ADDRESS	1110 BRICKELL AVE., STE 502	1.	3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131	1.	4 CITY-S	1-2IP	Miami, Fl.33131	
·TITLE		DELETE 2	1 TITLE		Change Addition	
NAME		2	2 NAME			
STREET ADDRESS		2	3 STREET	ADDRESS	S	
CITY-ST-ZIP		2	4 CITY-S	ST-ZIP		
TITLE		DELETE 3	TITLE		Change Addition	
NAME		3	NAME			
STREET ADDRESS		3.	STREET	ADDRESS	s	
CITY-ST-ZIP		1.	1 DITY 0	7 710		
0111-01-74		■ 3.	I. CITY - S	VI ~ ZJF	•	

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY-ST-ZIP

1 0-100

Change

Addition

Addition