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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99458
EXCELLENCE INVESTMENTS, INC.

(9)

FILED Apr 29 1997 8:00am Secretary of State

Inal Place of Rucinose		
Han Place of Rusingse	Mailing Address	i

1730 BAY DRIV MIAMI BEACH		1730 BAY DRIVE MIAMI BEACH FL 33141-4720						
					3. Date Incorporated or Qualified 12/11/1991	3a. Date of Last P 04/18/1996	Report	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Δι	pplied For	
21 3333	Monce de Leon Surl.	26 3395 Ponce d	e heon Be	wl.	65-0303151		ot Applicable	
Suite, Apt. 22	>2,	Suite, Apt. #, etc. 27 202			5. Certificate of Status Desired	, , , ,	Additional equired	
City & State	d Gables 4L	city & State Coral Gables			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
zip 24 3313'	Y 25 Dade	29 33134 30	Country			Yes 💹 No	. 199.032,	
	G, Trains and Tradition of Carton	Registered Agent			10. Name and Address of New Reg	istered Agent		
HANS BAUMBERGER B1 Name)			İ		
3399 PONCE DE LEON BLVD SUITE 202			82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134			83					
			84 City			FL 85 Zip	Code	
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Observation							
12.	Signature, typod or printed name of registered agent OFFICERS AND		ngistered Agent signatu 13.	re required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DC IN 12	
TITLE	PD	DELETE	1,1 TITLE	T	ADDITIONO/CHANGES TO OFFIC	Change	Addition	
NAME	ALTIRRIBA, JUAN		1.2 NAME		_			
STREET ADDRESS	1730 BAY DRIVE		1.3 STREET ADDRESS	339	3 Ponce de heon Blud.	Junk 202	•	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CHY-ST-ZIP	100	3 Ponce de heon Burl., 1 al Gables, TL 33134		1	
TITLE	D	DELETE	21 TITLE	COR	7 June 21 40 33121	Change	Addition	
NAME	FILI, FRANCISCO		2.2 NAME			_ ,		
STREET ADDRESS	3399 PONCE DE LEON BLVD SI	JITE 202	2.3 STREET ADDRESS]	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-S1-ZIP				İ	
TITLE	VTSD	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	Baumberger, Hans		3.2 NAME			0.31		
STREET ADDRESS	1265 MARSEILLE DRIVE		3.3 STREET ADDRESS	339	is ionce de hear istori.	Julie 202		
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY - ST - ZIP	Cos	13 Ponce de Leon Bluct., rel Gables, FL 33134			
TITLE	_	☐ DELE1E	4.1 TITLE		3	☐ Change	Addition	
NAME			4. 2 NAME	İ				
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CHY+ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			52 NAME					
STREET ADDRESS			53 STHEET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	61 THLF			☐ Change	Addition	
NAME			62 NAME					
STREET ADDRESS			63 STREET ADDRESS					
CITY-ST-ZIP	·		64 CITY-ST-ZIP					
	by certify that the information supplied a	with this filing does not qualify for		etated i	n Section 119 07(3)(i) Florida Statutes	I further contifu that	tho	

4. I do 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 amount 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 trulted 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.