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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$99684

1. Corporation Name

INVESTMENTS OF AMERICA NO. 1, INC.

Principal Place of Business

Mailing Address

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90125 039 *****8.75 05-03-1999 90125 040 ***150.00



2300 CORAL W. SUITE #200		2300 CORAL WAY SUITE #200		DO NOT WRITE IN THI	S SPACE
MIAMI FL 33145	,	MIAMI FL 33145		3. Date Incorporated or Qualifed 12/11/1991	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	N. Bayshore Drive	L *	chore Driv	ve 65-0300424	Not Applicable
Suite, Apt. 4	# etc	Suite, Apt. #, etc.	SHOTE DIT		\$8.75 Additional
22 Suite	# 114	27 Suite # 114		5. Certificate of Status Desired	Fee Required
City & State	A =	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Miami	Florida	28 Miami Florida		Trust Fund Contribution	Added to Fees
Zip 24 33132	Country	Zip 29 33132 34	Country	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
2300 SUIT	RIDA ANNUAL REPORT SERVICES CORAL WAY E 200 II FL 33145	S, INC.	82 Street Add 1717		
			84 City Miami	: FI	85 Zip Code 33132
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. Nam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Tidia Gartay a	Lid	ia Cartaya egistered Agent signature rêquii	1, VP 4 2 1M	!
Signature, typed or printed name of registered geent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	V	Ø DELETE	1,1 TITLE \		Change Addition
	LOPEZ-CANTERA, AMADA			Lidia Cartaya	
NAME	2300 CORAL WAY SUITE 201			<u>-</u>	. C
STREET ADDRESS	MIAMI FL 33145			1717 North Bayshore Dr Miami, FL, 33132	. Suite 114
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	11dm1, FL, 33132	☐ Change ☐ Addition
TITLE	PD CEPT	_ betere	2.2 NAME		
NAME	BUCKREUS, GERTI	444			
STREET ADDRESS	1717 N BAYSHORE DR, SUITE	F14	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132	C OFFEE	2. 4 CITY-ST-ZIP		Change Addition
TITLE	S	☐ DELETE	3.1 TITLE		
NAME	CARTAYA, LIDIA		3.2 NAME		
STREET ADDRESS	1717 N BAYSHORE DR, SUITE	114	3.3 STREET ADDRESS		j
CITY-ST-ZIP	MIAMI FL 33132		3.4. CITY-ST-ZIP		M Ohama
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4,2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		-
SIREEI AUURESS			SACITY ST 7ID		

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 amual 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 27 99 (305) 577-3885

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