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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V35170

(2)

F.I.C. SERVICES & INVESTMENTS, INC.

FILED Jan 29 1997 8:00am Secretary of State

(305)8566077

Principal Place 2601 SOUTH E PHI-C COCONUT GR	BAYSHORE DR.	Mailing Address 2601 SOUTH BAYSHORE DR. PH1-C COCONUT GROVE FL 33133-5417					
US		US		3. Date Incorporated or Qualified 05/11/1992			
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number NOT APPLICABLE		pplied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	38 1	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	ntangible tax under s Yes	: 199.032,	
<u> </u>	g, Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	gistered Agent		
CASTILLO, ALVARO SCHMACHTENBERG & CASTILLO 1533 SUNSET DR, STE 201, SUNSET BLDG MIAMI FL 33143			83	ddress (P.O. Box Number is Not Acceptab			
SIGNATURE	Udllus	ao Wuja		orporation submits this statement for the p oration's board of directors. I hereby accep	FL	Code ts registered registered	
	Signature, types or printed name of registered		TE Registered Agent signature re		MATE		
12.	D OFFICERS A	AND DIRECTORS DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR Change	AS IN 12	
NAME STREET ADDRESS CITY-ST-ZIP	VELAZCO, EDUARDO 2601 SO BAYSHORE DR, S COCONUT GROVE FL		1.2 NAME	2601 SWTHBAYSHOR LOCOLUT GROVE, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		Change	Addition	
TITLE NAME STREET ADORESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change	Addition	
TITLE NAME STREET ADDRESS		☐ DELETE	4 4 CHY-ST-ZIP 51 TITLE 52 NAME 53 STREEL ADDRESS		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ DELETE	5.4 CITY-SI-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change	Addition	
CITY-ST-ZIP 14. I do heret informatio I am an of	by certify that the information sup- in indicated on this annual epot fificer or director of the corporation of Block 12 or Block 13 its	Med with this filing does no qual propplemental minual eport is if the receipt or runtee exploit or on an alterprovat wheth ad	6.4 CHY-ST-ZIP World the exemption states and accurate and the wered to execute this reported to the states are the states and the states are the states ar	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same lega port as required by Chapter 607, Florida S	s. I further certify that I effect as if made un itatutes; and that my r	the ider oath; tha name	