

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V44621** (3)

1. Corporation Name

**1944 MICHIGAN AVENUE INVESTMENT CORP.**



Principal Place of Business

**2307 SW DOUGLAS RD  
SUITE 401  
MIAMI FL 33145**

Mailing Address

**2307 SW DOUGLAS RD  
SUITE 401  
MIAMI FL 33145**

3. Date Incorporated or Qualified  
**06/18/1992**

3a. Date of Last Report  
**08/07/1995**

4. FET Number

**65-0359059**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JIMENEZ ROSA  
2307 S DOUGLAS RD, STE 401  
SUITE 1040  
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name

**MARIO R. JIMENEZ**

82 Street Address (P.O. Box Number is Not Acceptable)

**910 COUNTRY CLUB PRADO**

83

84 City

**CORAL GABLES**

FL

85 Zip Code

**33134**

11. Pursuant to the provisions of Sections 607.072 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

**MARIO R. JIMENEZ**

**4/1/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
<input checked="" type="checkbox"/>	<b>JIMENEZ ROSA</b>	<b>2307 S DOUGLAS RD, STE 401</b>	<b>MIAMI FL</b>	<b>DECEASED</b>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/>	<b>DIRECTOR</b>	<b>MARIO R. JIMENEZ</b>	<b>910 COUNTRY CLUB PRADO</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>CORAL GABLES, FL 33134</b>		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARIO R. JIMENEZ** 4/1/96

DATE

**305-441-8582**

DAYTIME PHONE #

CR2E034 (12/95)