

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **47545**
1. Corporation Name
INTERVEST INVESTMENT GROUP INC.

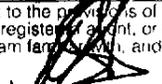
Principal Place of Business Mailing Address
**4131 LAGUNA STREET
CORAL GABLES, FL 33146**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 14905 S.W. 38 STREET		26		07/02/92	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 MIAMI, FL 33185		28		65-0342783	
24 Zip		25 Country		29 Zip	
33185		U.S.A.		30 Country	
5. Certificate of Status Desired				Applied For	
<input type="checkbox"/>				Not Applicable	
6. Election Campaign Financing Trust Fund Contribution				\$8.75 Additional Fee Required	
<input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

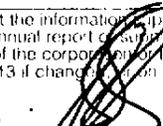
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARTIN, PEDRO A. GREENBERG, TRAURIG, ET.AL. 1221 BRICKELL AVENUE MIAMI, FL 33131				81 Name			
				NELSON ELIAS SAYEGH			
				82 Street Address (B.O. Box Number is not acceptable)			
				14905 S.W. 38TH STREET			
				83 City & State			
				MIAMI, FL 33185			
				84 City			
				FL			
				85 Zip Code			
				33185			

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 fully qualified, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRES/SECY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, ROBERTO M.	1.2 NAME	RICARDO SAYEGH
STREET ADDRESS	4131 LAGUNA STREET	1.3 STREET ADDRESS	14905 S.W. 38TH STREET
CITY-ST-ZIP	CORAL GABLES, FL 33146	1.4 CITY-ST-ZIP	MIAMI, FL 33185
TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, MANUEL V.	2.2 NAME	NELSON ELIAS SAYEGH
STREET ADDRESS	4131 LAGUNA STREET	2.3 STREET ADDRESS	14905 S.W. 38 STREET
CITY-ST-ZIP	CORAL GABLES, FL 33146	2.4 CITY-ST-ZIP	MIAMI, FL 33185
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 on an attachment with an address.

SIGNATURE:  DATE: _____ DAYTIME PHONE # _____

CR2034 (10/97)

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