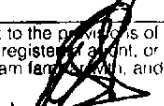
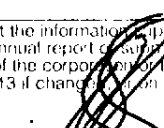


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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 4131 LAGUNA STREET CORAL GABLES, FL 33146		Mailing Address	
2. Principal Place of Business 21 14905 S.W. 38 STREET Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23 MIAMI, FL 33185		27 City & State	
24 Zip 33185 25 Country U.S.A.		28 Zip 29 Country	
9. Name and Address of Current Registered Agent MARTIN, PEDRO A. GREENBERG, TRAUIG, ET.AL. 1221 BRICKELL AVENUE MIAMI, FL 33131		10. Name and Address of New Registered Agent 81 Name NELSON ELIAS SAYEGH 82 Street Address (B.O. Box Number is not acceptable) 14905 S.W. 38TH STREET 83 MIAMI, FL 33185 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 fully qualified, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE:  DATE: _____ (NOTE: Registered Agent's signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE NAME MARTINEZ, ROBERTO M. STREET ADDRESS 4131 LAGUNA STREET CITY-ST-ZIP CORAL GABLES, FL 33146		1.1 TITLE PRES/SECY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME RICARDO SAYEGH 1.3 STREET ADDRESS 14905 S.W. 38TH STREET 1.4 CITY-ST-ZIP MIAMI, FL 33185	
TITLE DIRECTOR <input checked="" type="checkbox"/> DELETE NAME POSE, MANUEL V. STREET ADDRESS 4131 LAGUNA STREET CITY-ST-ZIP CORAL GABLES, FL 33146		2.1 TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME NELSON ELIAS SAYEGH 2.3 STREET ADDRESS 14905 S.W. 38 STREET 2.4 CITY-ST-ZIP MIAMI, FL 33185	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 change is on an attachment with an address. SIGNATURE:  DATE: _____ DAYTIME PHONE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/97)