

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90085 027 ***150.00

DOCUMENT # v52308

1. Entity Name

FLORIDA INVESTMENT MANAGEMENT CORP.

Principal Place of Business C/O GUNSTER YOAKLEY 2 S. BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131-1897	Mailing Address C/O GUNSTER YOAKLEY 2 S. BISCAYNE BLVD. SUITE 3400 MIAMI, FLORIDA 33131-1897
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2. Principal Place of Business C/O RICHARD L. SCHANERMAN Suite, Apt. #, etc. ONE S.E. 3RD AVE., 28TH FLOOR	3. Mailing Address C/O RICHARD L. SCHANERMAN Suite, Apt. #, etc. ONE S.E. 3RD AVE., 28TH FLOOR
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 65-0348958	Applied For Not Applicable
Zip 33131	Country U.S.A.	Zip 33131	Country U.S.A.

6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131-1897	7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE 28TH FLOOR City MIAMI FL Zip Code 33131
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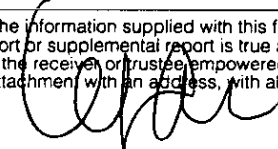
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By Angelica M. Calabrese, Vice President
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LUIS JAVIER MARTINEZ-SAMPEDRO 2 S. BISCAYNE BLVD, SUITE 3400 MIAMI, FL 33131-1897 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST EMILIO GARCIA-MENA ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Emilio Garcia-Mena, President 4/20/00 (305) 371 6500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)