

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000073798 (9)**

1. Corporation Name

**INVESTIGATIVE INTELLIGENCE GROUP, INC.**



Principal Place of Business

100 PONCE DE LEON BLVD  
STE 337  
CORAL GABLES FL 33134  
US

Mailing Address

100 PONCE DE LEON BLVD  
STE 337  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

2a. Mailing Address

21 **100 ALMERIA AV**

26 **100 ALMERIA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite # 230**

27 **Suite # 230**

City & State

City & State

23 **CORAL GABLES, FL**

28 **CORAL GABLES, FL**

Zip

Country

Zip

Country

24 **33134**

25 **U.S.**

29 **33134**

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOMPELLER, ANDRES A  
1000 PONCE DE LEON BLVD  
STE 337  
CORAL GABLES FL 33134**

81 Name

**Andres A. Mompeller**

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

**100 ALMERIA AV**

83

**Suite 230**

84 City

**CORAL GABLES**

FL

85 Zip Code

**33134**

11. Pursuant to the provisions of Section 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

**Andres A. Mompeller**

**President**

**5/8/96**

Signature typed or printed name of registered agent and title if applicable.

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>D MOMPELLER, ANDRES A</b>	<b>1000 PONCE DE LEON BLVD STE 337</b>	<b>CORAL GABLES FL</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"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	<b>DIP</b>	<b>Mompeller, Andres A</b>	<b>100 ALMERIA AVE Suite #230</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<b>CORAL GABLES, FL 33134</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"/>
				<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 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, or on an appointment with an address.

SIGNATURE:

*[Signature]*

**Andres A. Mompeller**

**5/8/96**

**(305) 254-4035**

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)