


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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 598029 (7)**

1. Corporation Name  
**I & I INVESTMENT CORP.**



|   |   |
|---|---|
| Principal Place of Business<br><b>5718 WESTHEIMER<br/>                 STE 1806<br/>                 HOUSTON TX 77057</b> | Mailing Address<br><b>5718 WESTHEIMER<br/>                 STE 1806<br/>                 HOUSTON TX 77057</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |                  |                     |                         |  |  |
|---|------------------|---------------------|-------------------------|--|--|
| 2. Principal Place of Business                  |                  | 2a. Mailing Address |                         | 3. Date Incorporated or Qualified<br><b>12/21/1978</b> |  |
| 21. Suite, Apt. #, etc.                         | 22. City & State | 25. Country         | 26. Suite, Apt. #, etc. | 27. City & State                                       | 28. Country  |
| 23. Zip   | 24. Country      | 29. Zip             | 30. Country             | 4. FEI Number<br><b>59-1983399</b>                     | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 9. Name and Address of Current Registered Agent |                  |                     |                         | 10. Name and Address of New Registered Agent           |  |

**9. Name and Address of Current Registered Agent**

**WHITE, C. HAROLD**  
**115 W. VENUTRA AVENUE**  
**CLEWISTON FL 33440**

**10. Name and Address of New Registered Agent**

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code **FL**

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | VSD<br>IGLESIAS, ROBERTO J<br>5718 WESTHEIMER SUITE 1806<br>HOUSTON TX | 1.1 TITLE   |  |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PTD<br>IGLESIAS, JOSE J<br>5718 WESTHEIMER SUITE 1806<br>HOUSTON TX    | 2.1 TITLE   |  |
| NAME                       |  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |  | 3.1 TITLE   |  |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |  | 4.1 TITLE   |  |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |  | 5.1 TITLE   |  |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |  | 6.1 TITLE   |  |
| 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, or on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)