SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # G65710 (7)FIDELITY INVESTMENT FUND, INC. Principal Place of Business Mailing Address 2131 MASTERS 2131 MASTERS MISSOURI CITY TX 77459 MISSOURI CITY TX 77459 US 3. Date incorporated or Qualified 3a. Date of Last Report 10/12/1983 05/01/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2334753 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation has liability for intangible tax under s. 199,032. 24 25 29 Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WOJCIK, STEVE 1576 VIRGINIA DR. 82 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32935-5957 R3 84 City 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. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, Gp of or pinned induce of nightle diagent and stell facilities in sterrid Agent signature required when remotating. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)THILE DELETE 11 100 6 Change Addition NAME WOJCIK, STEVE 1.2 NAME 1576 VIRGINIA STREET ADORESS 13 STREET ADDRESS MELBOURNE FL CHTY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2.1 THILE Change Addition NAME WOJCIK, RANDY 2.2 NAME 317 BLACKSMITH ARCH STREET ADDRESS 23 STREET ADDRESS YORKTOWN VA CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE **TSDC** DELETE 3 1 T/TLE Change Addition NAME BILHEIMER, LINDA 3.2 NAME STREET ADDRESS 2131 MASTERS 3.3 STREET ADDRESS CITY ST-7IP MISSOURI CITY TX 34 C:TY-ST ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP THLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-2IP 64 CITY - ST - ZIF 14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 legar effect as if that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: SIGNATURE:

SIGNATURE AND TYPED ON PRINTED HAME OF STORING OFFICER OR DIRECTOR

6/17/94 (113)272-0111