FILE I	NOW: FILING	FEE AFT	ER MAY 1 IS	\$ \$225	5.0	0	-7				
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS								
DOCUMENT # L72491 (8) 1. Corporation Name											
425 COF	ral way investi	MENTS, INC.									
Principal Place of Business Mailing Address								[188/1811 851 (880 p.1810 B.1810 B.1816	61 616: A18:1 A1.	511 616 11 4 1611 1	
11811 NORTH FREEWAY SUITE 300 HOUSTON TX 77060			11811 North Freeway Suite 300 Houston TX 77060			3	. Date Incorporated or Qualified	3a. Date	e of Last Re	port	
US			US					05/14/1990	<u> </u>	M/18/199	
2. Principal Place	e of Business	2a	, Mailing Address			, 	4	FEI Number			pplied For lot Applicable
			26				52-1687124			Additional	
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.			5	 Certificate of Status Desired 			Required	
City & State			Orty & State			E	3. Election Campaign Financing			May Be	
23		28					Trust Fund Contribution 3. This corporation has liability for			1 to Fees	
Zιρ	Zip Country Zip 25 29			Country 30			i	Florida Statutes	s 🔀 No		100.002
24	stered Agent	30			11	0. Name and Address of New	Registered	Agent			
	9. Hame and Addison				81	Name					
MIKES, JAMES R.					82	Street A	ddress ((P.O. Box Number is Not Accepta	able)		
% RUDNICK & WOLFE					83				<u> </u>		
101 E. KENNEDY BLVD., SUITE 2000 TAMPA FL 33602										85 Zu	o Code
				84	City			FI	∟ ``		
or registere familiar with	i the provisions of Section d agent, or both, in the S n, and accept the obligati	ns 607,0502 and 6 State of Florida Su- ons of, Section 60	7.0505, Florida Statutes	5	·			n submits this statement for the p directors. I hereby accept the ap	urpose of copointment a	nanging its r is registered	egistered office Lagent, Lam
Signature Types or protect name of registers Layers and the disposable INOTE: Registers OFFICERS AND DIRECTORS 13.						(signature ref	quired whe	ADDITIONS/CHANGES TO O		ID DIRECTO	RS IN 12
12.	DP	FICERS AND DIRE	DELETE	1 13	TITLE					Change	Addition
TITLE NAME	RUSCA, FAUSTO			12 N	NAME						
STREET ADDRESS	VIA C.B. PIODA, 1	4		135	STREET	ADDRESS					
CITY-ST-ZIP	CH-8900 LUGANO, SWIT				OLTY - S	7-219				Change	Addition
THILE	VP		DELETE	- 6	TITLE						_
NAME	AAAAA MOOTH FOFTWAY 900					ADDRESS					
STREET ADDRESS	EN ADDRESS I I O I I I I I I I I I I I I I I I I					31 - ZIP					
CITY-ST-ZIP TITLE	ST		DELETE		TITLE					☐ Change	☐ Addition
NAME	TOMBARI, MICHA	EL G.		321	NAME						
					STREE	T ADDRESS					

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 furner 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 have 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

34 CITY - ST-ZIP

4.3 STREET ACCRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

5 4 City - St - ZIP

4 4 CITY - ST - ZIP

5 1 TITLE

5 2 NAME

6 1 TITLE

62 NAME

4 1 TITLE

DELETE

DELE1E

DELETE

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TiTLE NAME

TITLE

NAME

TITLE

NAME

HOUSTON TX

21

My, me SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/185/47 (717) 820-0747

***200.00

1000017882804nge Addition -04/22/96--01024--011

Change Addition

Change Addition

CR2E034 (12/95)