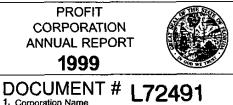
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

425 CORAL WAY INVESTMENTS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90035 042 ***150.00

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Principal Place of Busin	1999	Mailing Address						
1811 NORTH FREEWAY JUITE 300 JOUSTON TX 77060		11811 NORTH FR SUITE 300 HOUSTON TX 770	EEWAY	DO NOT WRITE IN T	HIS SPACE			
IS		US		3. Date Incorporated or Qualified 05/14/1990				
2. Principal Place of Business		2a. Mailing Addr	ess	4. FEI Number	Applied For			
1		26		52-1687124	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #	, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	Country	This corporation owes the current year Personal Property Tax.	r Intangible ☐ Yes ★No			
9. Na		irrent Registered Agent		10. Name and Address of New Register	red Agent			

BEYER, DAVID A % R 101 TAM

UDNICK & WOLFE	82	Street Address (P.O. Box Number is Not Acceptable)				
E. KENNEDY BLVD., SUITE 2000 PA FL 33602	83					
PA FL 33002	84	City	FL	85	Zip Code	
to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the a	hove	-named corporation submits this	statement for the purpose of ch	angi	ing its registered	,

Name

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	Signature, typed or printed name of registered agent and title if apptic	able (NOTE: Re	egistered Agent signature re	equired when reinstating) OATE
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUSCA, FAUSTO		1.2 NAME	
STREET ADDRESS	VIA C.B. PIODA, 14		1.3 STREET ADDRESS	
CITY-ST-ZIP	CH-6900 LUGANO, SWIT		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	Change Addition
NAME	HATFIELD, KEN		2.2 NAME	
STREET ADDRESS	11811 NORTH FREEWAY 300		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX		2. 4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TOMBARI, MICHAEL G.		3.2 NAMÉ	
STREET ADDRESS	11811 NORTH FREEWAY 300		3.3 STREET ADDRESS	
CITY-\$T-ZIP	HOUSTON TX		3.4. CITY-ST-ZIP	
TITLE		□ DELETE	4.1 TITLE	☐ Change ☐ Additio
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Additio
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
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-\$T-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, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-5-99

Date

281/820-0747