

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

0260108

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90012 047 ***558.75

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Corporation Name
JKNM INVESTMENTS, INC.



Principal Place of Business
150 POINTE PL., APT. 1504
AVENTURA FL 33180

Mailing Address
21150 POINTE PL., APT. 1504
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/31/1997	
4. FEI Number 65-0793661	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 21150 POINT PLACE Suite, Apt. #, etc. APT. 1903 City & State AVENTURA, FL Zip 33180	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	9. Name and Address of Current Registered Agent WOLFE, RICHARD C STE. 200, 20803 DISCAYNE BLVD. AVENTURA FL 33180	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	
OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
E	DPST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1E	DORNBUSH, JAIME		1.2 NAME		
EET ADDRESS	21150 POINTE PL., APT. 1504		1.3 STREET ADDRESS		
ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP		
E		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1E			2.2 NAME		
EET ADDRESS			2.3 STREET ADDRESS		
ST-ZIP			2.4 CITY-ST-ZIP		
E		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1E			3.2 NAME		
EET ADDRESS			3.3 STREET ADDRESS		
ST-ZIP			3.4 CITY-ST-ZIP		
E		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1E			4.2 NAME		
EET ADDRESS			4.3 STREET ADDRESS		
ST-ZIP			4.4 CITY-ST-ZIP		
E		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1E			5.2 NAME		
EET ADDRESS			5.3 STREET ADDRESS		
ST-ZIP			5.4 CITY-ST-ZIP		
E		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1E			6.2 NAME		
EET ADDRESS			6.3 STREET ADDRESS		
ST-ZIP			6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED HERE. Date: 9/3/99 Daytime Phone #: (305) 632-3056

CRZE034 (11/98)