FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(3)

1. Corporation Name									
J.P.R. IN	IVESTMENTS, INC.								
Pancipal Place of E	Business	Mailing Address				- 1500001 04111 10041 01041 101	100 1001 1001 6161	I OTOKI OTOTI OTOT	
2424 NW FIRST STREET		2424 NW FIRST STREET							
MIAMI FL 33125-5226 MIAMI FL 33125-5226									
						Date Incorporated or Qualifity06/05/1978	ed 3a. Da	te of Last Re 04/03/19	
Principal Pace (of Physicopa	2a. Mailing Address				4. FEI Number			pplied For
1		26			59-1853671			lot Applicable	
Scite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	, 🗅		Additional lequired
0.000		City & State				Election Campaign Financing	ng) May Be
Oity & State		28				Trust Fund Contribution		Added	to Fees
Zip	Gountry	Zip	Cour	itry		8. This corporation has liability	for intangible	tax under s	199.032,
	25	29	30			Florida Statutes 10. Name and Address of No.	Yes No	d Agent	
9	9. Name and Address of Curre	nt Registered Agent		81 N	lanie	IO. Italie and Address of the	ow mogrators		
DII 45(4) 01(00)/V				-	Street Address (P.O. Box Number is Not Acceptable)				
PILAFIAN,SHOCKY 1800 S LEJEUNE RD CORAL GABLES FL 33134				82 S	street Addre	SS (P.O. BOX NUMBERS NOT ACC	ркавю,		
			ľ	B3					
001010			ŀ	84 (Orty			85 Zıç	Code
	he provisions of Sections 607,050		l	- 1	•		F		
SIGNATURE Super	culture, typical or printed name of registerics ap- OFFICERS AI	ND DIRECTORS	OTE Registered	Agent si	gnature required	When reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS A	ND DIRECTO	
ri F	VTD	DELETE		1 1 TITLE				- Cuange	☐ Addition
Mr.	PILAFIAN, SHOCKY		1.2 NAME		norce				
REST ADDRESS	1800 S LEJEUNE RD CORAL GABLES FL			1.3 STREET ADDRESS					
TY - S1 - 712	PD	DELETE		2 1 TITLE				☐ Change	Addition
M.	RICE,FLORENCE		2 2 NA	2.2 NAME					
REFEADORESS	90 NW 24TH AVENUE		2357	REET AD	DRESS				
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STREET ADORESS				IMEET AL					

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. I further 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. I further certify that I can 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:

SIGNATURE:

Date

Date

Date

Date

Date

Date

Date TO NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: