04-20-1999 90258 019 ***150.00

Applied For Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name 651251

JAMAREL ENTERPRISES, INC.	`							
Principal Place of Business	Mailing Address) 1661/19 #1161 #1161 #1161 #1161 #1161 #1161			
444 SW 8 AVE MIAMI FL 33143	7030 S.W. 72 ST. MIAMI FL 33143				DO NOT WRITE IN	THIS SPAC	CE	
US				3.	Date Incorporated or Qualifed			
					11/07/1979			
2. Principal Place of Business	2a. Mailing Address			4.	FEI Number		Ar	oplied For
21	26 7720 SW 7	8 5	\mathcal{T}	1	59-1966841		No	ot Applical
. Suite, Apt. #, etc.	Suite, Apt. #, etc.	,			Certificate of Status Desired			Additional equired
City & State	City & State 28 MIAMI FO	 !		t	Election Campaign Financing Trust Fund Contribution	•		May Be to Fees
Zip	Zip 29 33143 30	Country	S	8.	This corporation owes the current ye Personal Property Tax.	ar Intangib		□No
9. Name and Address of Cu	rrent Registered Agent			10.	Name and Address of New Regist	ered Agen	<u>t</u>	
BARBEITO, ANTONIO		81 82			O. Box Number is Not Acceptable)	·		
7030 S.W. 72 ST. MIAMI FL 33143		83	772	0	SW 78 ST			
		84	MU			FL 85		Code 3/43
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the other.	tate of Florida. Such change was autho	rizea ov	the corporation	ration n's bo	n submits this statement for the purpo pard of directors. I hereby accept the	se of chang appointmer	ging its it as re	; registere ∋gistered
SIGNATURE	MOTE Page	etored Acon	t signature required t	when re	ninstation) DA	TE		
Signature, typed or printed name of registered 12. OFFICERS	S AND DIRECTORS	13.	ir siftigrana taddillari		ADDITIONS/CHANGES TO OFFICER		RECTO	ORS IN 12
1 iz. Officence	, , , , , , , , , , , , , , , , , , ,							

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	Registered Agent signature re	equired when reinstating)	DATE					
12.	OFFICERS AND DIRECTORS	13,	gotton agent						
TITLE	P DELETE ~	1.1 TUTLE		Change	Addition				
Í		1.2 NAME	34 500	, ,					
NAME	BARBEITO. ANTONIO	1.3 STREET ADDRESS	7720-SW 78 ST	•	ļ				
STREET ADDRESS	7030 S.W. 72 ST.		MIAMI, FC 33143		į				
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, PC 331, 3	Change	Addition				
TITLE	D DELETE	2.1 TITLE		Konange	المواتون ا				
NAME	BARBEITO, ANTONIO	2.2 NAME			ĺ				
STREET ADDRESS	7030 S.W. 72 ST	2.3 STREET ADDRESS	7720 SW 78 ST	and the second second					
CITY-ST-ZIP	MIAMI FL	2. 4 CITY-ST-ZIP	MIMI, R 33, 43						
TITLE	T DELETE	3.1 TITLE	•	Change	Addition .				
NAME	BARBEITO, MARIA E.	3.2 NAME		•					
STREET ADDRESS	7030 S.W. 72 ST.	3.3 STREET ADDRESS	7720 SW 78 ft		ļ				
CITY-ST-ZIP	MIAMI FL	3.4. CITY-ST-ZIP	MIAMI, FL 33143						
TITLE	S DELETE	4.1 TITLE		Change	☐ Addition				
NAME	BARBEITO-LOVETT, MARIA T.	4. 2 NAME		,					
STREET ADDRESS	6213 S.W. 147TH COURT	4.3 STREET ADDRESS	7720 SW 78 ST						
CITY-ST-ZIP	MIAMI FL 33193	4.4 CITY-ST-ZIP	MIAMI, FC 33143	<u>}</u>					
TITLE	☐ DELETE	5.1 TITLE	,	☐ Change	☐ Addition				
NAME	•	5.2 NAME			ţ				
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		•	ĺ				
STREET ADDRESS	•	6.3 STREET ADDRESS			j				
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: Waria T. Ba