

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

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G45664** (1)

1. Corporation Name
JDB INVESTMENTS, INC.

Principal Place of Business C/O JAMERSON, SUTTON, & SURLAS, P.A. 2655 LE JEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134 US	Mailing Address C/O JAMERSON, SUTTON, & SURLAS, P.A. 2655 LE JEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134-5832 US
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3. Date Incorporated or Qualified 06/16/1983	3a. Date of Last Report 09/23/1996
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2. Principal Place of Business %Jamerson 21 Sutton Surlas & Mullin LLP Suite, Apt. #, etc. 22 2655 Le Jeune Rd., PH-2 City & State 23 Coral Gables, FL Zip 24 33134	2a. Mailing Address %Jamerson 26 Sutton Surlas & Mullin LLP Suite, Apt. #, etc. 27 2655 Le Jeune Rd., PH-2 City & State 28 Coral Gables, FL Zip 29 33134	4. FEI Number 59-2667745 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
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g. Name and Address of Current Registered Agent

**JAMERSON, ROBERT L JR.
2655 LE JEUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	BRILLEMBOURG, DAVID D.	
STREET ADDRESS	2655 LE JEUNE RD. PH II	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DV	☐ DELETE
NAME	BRILLEMBOURG, ADELAIDA	
STREET ADDRESS	2655 LE JEUNE RD PH II	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DV	☐ DELETE
NAME	BRILLEMBOURG, RENE	
STREET ADDRESS	2655 LE JEUNE RD PH II	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DV	☐ DELETE
NAME	BRILLEMBOURG, ELKE	
STREET ADDRESS	2655 LE JEUNE RD. PH II	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DV	☐ DELETE
NAME	BRILLEMBOURG, TANYA	
STREET ADDRESS	2655 LE JEUNE RD PH II	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

Date

(305) 371-2340

Daytime Phone #

0180619

CR2E034 (9/96)