

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J30403** (6)  
1. Corporation Name  
**J.R. INVESTMENTS, INC.**



Principal Place of Business: **1149 S.W. 27TH AVE., SUITE 203 MIAMI FL 33135**  
Mailing Address: **1149 S.W. 27TH AVE., SUITE 203 MIAMI FL 33135**

3. Date Incorporated or Qualified: **08/26/1986**      3a. Date of Last Report: **02/01/1995**  
4. FEI Number: **59-2749547**      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

2. Principal Place of Business: 21 **901 Ponce de Leon Blvd**      2a. Mailing Address: 26 **901 Ponce de Leon Blvd**  
Suite, Apt. #, etc.: 22 **606**      Suite, Apt. #, etc.: 27 **606**  
City & State: 23 **Coral Gables FL**      City & State: 28 **Coral Gables FL**  
Zip: 24 **33134**      Country: 25 **USA**      Zip: 29 **33134**      Country: 30 **FL**

9. Name and Address of Current Registered Agent  
**GARCIA, EDUARDO  
901 PONCE DE LEON BLVD  
SUITE 600  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 **Suite 606**  
84 City: \_\_\_\_\_      FL      85 Zip Code: \_\_\_\_\_

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		SIGNATURE	
Signature, type or print name of registered agent and fee (applicable)		(NOTE: Registered Agent Signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MAZARIEGOS B., ROBERTO</b>	1.2 NAME			
STREET ADDRESS	<b>1149 S.W. 27TH AVE.</b>	1.3 STREET ADDRESS	<b>901 Ponce de Leon Blvd, Suite 606</b>		
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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 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]**      Date: **2/20/96**      Daytime Phone #: **305-4467773**

CR2E034 (12/95)