

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

FILED

**May 07 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 # J30403 (6)

1. Corporation Name
J.R. INVESTMENTS, INC.



Principal Place of Business 901 PONCE DE LEON BLVD #606 CORAL GABLES FL D3313 US	Mailing Address 901 PONCE DE LEON BLVD #606 CORAL GABLES FL 33134-3073 US
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3. Date Incorporated or Qualified 08/26/1986	3a. Date of Last Report 02/19/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

4. FEI Number 59-2749547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GARCIA, EDUARDO
901 PONCE DE LEON BLVD
SUITE 606
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
84 City
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MAZARIEGOS B., ROBERTO	
STREET ADDRESS	901 PONCE DE LEON BLVD, #606	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Erazo de Mazariegos, Martha	
1.3 STREET ADDRESS	901 Ponce De Leon Blvd, #606	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mazariegos, Karla	
2.3 STREET ADDRESS	901 Ponce De Leon Blvd, #606	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mazariegos, Soledad	
3.3 STREET ADDRESS	901 Ponce De Leon Blvd, #606	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mazariegos, Roberto E.	
4.3 STREET ADDRESS	901 Ponce De Leon Blvd, #606	
4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, changed or omitted with an address.

[Handwritten Signature]

CR2E034 (9/96)