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Feb 20, 1999 8:00 am
Secretary of State

0196872

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-20-1999 90160 021 ***150.00

DOCUMENT # **J30403**

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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1986**
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and Zip Code (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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: ERAZO DE MAZARIEGOS, MARTHA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 901 PONCE DE LEON BLVD, #606	CITY-ST-ZIP: CORAL GABLES FL	1.2 NAME	
TITLE: VP	NAME: MAZARIEGOS, KARLA	1.3 STREET ADDRESS	
STREET ADDRESS: 901 PONCE DE LEON BLVD #606	CITY-ST-ZIP: CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE: S	NAME: MAZARIEGOS, SOLEDAD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 901 PONCE DE LEON BLVD #606	CITY-ST-ZIP: CORAL GABLES FL	2.2 NAME	
TITLE: T	NAME: MAZARIEGOS, ROBERTO E	2.3 STREET ADDRESS	
STREET ADDRESS: 901 PONCE DE LEON BLVD #606	CITY-ST-ZIP: CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE: [Blank]	NAME: [Blank]	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	3.2 NAME	
TITLE: [Blank]	NAME: [Blank]	3.3 STREET ADDRESS	
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	3.4 CITY-ST-ZIP	
TITLE: [Blank]	NAME: [Blank]	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	4.2 NAME	
TITLE: [Blank]	NAME: [Blank]	4.3 STREET ADDRESS	
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	4.4 CITY-ST-ZIP	
TITLE: [Blank]	NAME: [Blank]	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.2 NAME	
TITLE: [Blank]	NAME: [Blank]	5.3 STREET ADDRESS	
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.4 CITY-ST-ZIP	
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.2 NAME	
TITLE: [Blank]	NAME: [Blank]	6.3 STREET ADDRESS	
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.4 CITY-ST-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: _____ DATE: **2-9-99** DAYTIME PHONE #: **305-4467770**

CR2E034 (1/98)