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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

LJL INVESTMENTS, INC.

FILED Feb 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-{		
2183 N. STATE ROAD 7 2183 N. STATE ROAD 7 MARGATE FL 33063 MARGATE FL 33063				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified		
						05/08/1990	Т	
, ,	Principal Place of Business 2a, Mailing Address					4. FEI Number	<u> </u>	pplied For
21 Suite Ant	1 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0189570		ot Applicable Additional
22 27						5. Certificate of Status Desired		equired
City & Stat	City & State City & State					Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the cu		
24	25		30	Ī		1] No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
S	ALAS, LUIS			81	Name			
1				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33311				83				
			ļ					
				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								
					nt signature required	ADDITIONS/CHANGES TO OFFICERS AN	ODIRECTOR	20 INI 12
12.	D OFFICERS AI	DELETE	13.	1 F		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	SALAS, LUIS		1.2 NAME					
STREET ADDRESS	22860 WINDSOR WD CT		1.3 STREE		ADDRESS			1
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-					i
TITLE	DOOR HATOIT L	DELETE	2.1 TITLE		- 411		Change	Addition
NAME	SALAS, CLEUA	_	2.2 NAME		İ		_ •	
STREET ADDRESS	22860 WINDSOR WD CT				ADDRESS			ļ
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-		ŀ			1
TITLE	DOOM INTONTE	DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET		ADDRESS			
CITY-ST-ZIP			3.4. CITY-5		- 1			
TITLE		DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME		'			
STREET ADDRESS			4.3 STREET		ADDRESS			
CITY-ST-ZIP	_		4.4 CITY-S		(-ZIP			
TITLE		DELE TE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 ST	REET A	address			
CITY-ST-ZIP			5.4 CITY - S		- ZIP			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NA	ME				
STREET ADDRESS			. 6.3 ST	REET #	ADDRESS			1
CITY-ST-ZIP 6.4 CIT								
44 Lboroby c	actifuthat the information numbidely	with this filing doop not qualify fo	r the eve	mnti	ion stated in S	Section 119 07/3)(i) Florida Statutes, I further ca	artify that the	information

r nereby certify that the information supplied with this filling coes not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 lecetyre or trustles ampowered 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.

2/11/92

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