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 # M28309

(6)

JOHN INVESTMENT CORP.					
					ê î ê î ê î ê î ê î ê î ê î ê î ê î ê î
Deliveral Olas	**************************************	PACIFICAL Address			
Principal Place		Mailing Address			• • • • • • • • • • • • • • • • • • •
19360 S.W. 127 CT. 19360 S.W. 127 CT. MIAMI FL 33177 MIAMI FL 33177					
MIAMI		MIMMI TE COITT		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
				03/04/1986	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt	# oto	Suite, Apt. #, etc.		59-2641314	Not Applicable \$8.75 Additional
22 Suite, Apr.	w, etc.	27 Suite, Apr. #, 6tc.		5. Certificate of Status Desired	⊅0./⊃ Additional Fee Required
City & State	A	City & State		6. Election Campaign Financing	\$5.00 May Be
23	~	28		Trust Fund Contribution	Added to Fees
[∠ip	Country	Zφ	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	es No
	9. Name and Address of Currer	nt Registered Agent	B1 Name	10. Name and Address of New Registers	ed Agent
PEREZ, LEANDRO					
19360 S.W. 127 CT.			82 Street	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33177					
			83		
			84 City	F	85 Zip Code
11 Pursuani	to the provisions of Spelions 607 050	02 and 607 1508 Florida St	hamen-avode and sotutet	corporation submits this statement for the purpose	of changing its registered
office or re	ogistered agent, or both, in the State	e of Florida. Such change w	was authorized by the corp	poration's board of directors. I hereby accept the a	ppointment as registered
1	m familiar with, and accept the oblig	jations of, Section 607.0505	5, Florida Statutes.		
SIGNATURE	Signature, typod or printed name of registered agr	pent and title if applicable	(NOTE: Registered Agent signature	e required when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	PEREZ, LEANDRO		1.2 NAME		:
STREET ADDRESS	19360 S.W. 127 CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	V\$D	☐ DELETE			Change Addition
NAME	ASTENGO-PEREZ, MERCEDE	\$	2.2 NAME		
STREET ADDRESS	19360 S.W. 127 CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	T prietr	2.4 City-St-ZIP		Obares Addition
TITLE		☐ DELETE			☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE			Change Addition
NAME CYDECT ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 C(TY-ST-Z(P 5.1 1/1LE		Change Addition
NAME		part version	5.2 NAME		<u> </u>
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DILETE			Change Addition
NAME		—	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	:	
0			4		

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 part an attackment with an address.

305-206-880

FILED

Apr 14 1998 8:00am

Secretary of State