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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

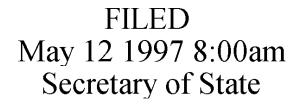
DOCUMENT # M34497

THE JONSAN GROUP INVESTMENTS AND MANAGEMENT, INC

Principal Place of Husiness C/O NINA GRIMALDI 175 FOUNTAINBLEAU BLVD., STE. 1-D. MIAMI FL 33172

Mailing Address

C/O NINA GRIMALDI 175 FOUNTAINBLEAU BLVD., STE. 1-D MIAMI FL 33172-4511





							te of Last f <b>)1/1996</b>	Report	
2. Principal	Place of Business	2a, Mailing Addre	2a. Mailing Address			4. FEI Number	oplied For		
21		26				59-2722119	N	Not Applicable	
	Soite, Apt. #, etc. S		Suite, Apt. #, etc.			5. Certificate of Status Desired		B.75 Additional Fee Required	
City & St	ate	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
7 <sub>1</sub> p	Country	Zip	Cou	intry	·	8. This corporation has liability for intangible			
24	25	29	30	ĺ		Florida Statutes Yes		, 150.002.,	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
ري اي	RIMALDI, ANTHONY JOSEPH S			81	Name				
ANGLE COLLING AVE									
6061 COLLINS AVE. SUITE 4A				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
M	IAMI BEACH FL 33140			03					
				84	City	FL	<b>85</b> Zip	Code	
office o agent. I SIGNATURE	<b>L</b>					poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	ointment as	registered	
	Stprature, typed or profession name of registered			d Age	ent signature requir	red when reinstating) DATE	DIDECTO	20 11 10	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D ADDITION AND COMME	☐ DEL	.ETE. 1.1 TI	ITLE.			Change	Addition	
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THLE	PST	DEL	ETE 2.1 T	TLE			☐ Change	Addition	
NAME	Grimaldi, Rupdai Nina		2.2 N	AME					
STREET ADORES	s   175 Fountainbleau blvi	<b>)</b> .	2.3 \$	TREET	ADDRESS				
CITY- ST-ZIP	MIAMI FL	·			ST-ZIP				
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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.

Guimalde NINA GRIMALDI

YED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR