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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 APR 28 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43228**

(9)

1. Corporation Name

JOINT PROPERTIES CORP.

Principal Place of Business

1036 S.W. 1 ST.
MIAMI FL 33130-1009

Mailing Address

1036 S.W. 1 ST.
MIAMI FL 33130-1009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/15/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2754832

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1036 S.W. 1 ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip

24 33130

Country

25 US.

Zip

29 33130

Country

30 US.

9. Name and Address of Current Registered Agent

FLORIDA AGENCY ANNUAL REPORT SERVICE
1036 S.W. 1 ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)

1036 S.W. 1 ST.

83

84 City

MIAMI

FL

85 Zip Code

33130

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 fee if applicable)

AMADA C. LOPEZ, PRES

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
PD	B. DE BUSQUETS, CARMEN	1040 S.W. 1 ST.	MIAMI FL
VD	BUSQUETS, JOSE	1040 S.W. 1 ST.	MIAMI FL
SD	BUSQUETZ, CARMEN E.	1040 S.W. 1 ST.	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY ST ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY ST ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY ST ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY ST ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY ST ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY ST ZIP

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this 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.

SIGNATURE:

(Signature typed or printed name of officer or director)

JOSE BUSQUET

(Date)

(Signature)