FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 MAY -1 PM 1:41
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

3. Date Incorporated or Qualified: **12/15/1986**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21 2300 CORAL WAY
Suite, Apt. #, etc.
22
City & State
23 MIAMI FLORIDA
Zip 24 33145
Country 25 US.

2a. Mailing Address
26 2300 CORAL WAY
Suite, Apt. #, etc.
27
City & State
28 MIAMI FLORIDA
Zip 29 33145
Country 30 US

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

9. Name and Address of Current Registered Agent
FLOIRDA ANNUAL REPORT SERVICES INC
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): 2300 CORAL WAY SUITE # 200
83
84 City: MIAMI FL 85 Zip Code: 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: AMADA CANTERA LOPEZ, PRES
Signature, typed or printed name of registered agent — 2 Mail if applicable — (NOTE: Registered Agent signature required when name is changed) — DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	000001830470 -05/03/96--01030--006 ****200.00 ****200.00	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

$8511

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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.

SIGNATURE: 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSE BUSQUETS

CR2E034 (12/95)