

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M43228**

1. Corporation Name

JOINT PROPERTIES CORP.

Principal Place of Business

**2300 CORAL WAY
#200
MIAMI FL 33145**

Mailing Address

**2300 CORAL WAY
#200
MIAMI FL 33145**

2. Principal Place of Business

21 2300 CORAL WAY

Suite, Apt. #, etc.

22 SUITE # 200

City & State

23 MIAMI FLORIDA

Zip Country

24 33145 25 U.S.

2a. Mailing Address

26 2300 CORAL WAY

Suite, Apt. #, etc.

27 SUITE # 200

City & State

28 MIAMI FLORIDA

Zip Country

29 33145 30 U.S.

9. Name and Address of Current Registered Agent

**FLOIRDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
#200
MIAMI FL 33145**

81 Name

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

83

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

Signature, typed or printed name of registered agent or principal agent

AMADA CANTERA LOPEZ, PRES.

(Print Name of Registered Agent or Principal Agent)

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

APPROVED
AND
FILED

99 APR -9 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1986

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 owes the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

3/29/99

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

000002837370--2
-04/13/99--01010--005
****150.00 ****150.00

3/29/99

0218253

CR2E034 (11/99)