


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40583** (9)

1. Corporation Name

**JUST THE WAY IT WAS INC.**



Principal Place of Business <b>14700 NE 2ND CT MIAMI FL 33161</b>	Mailing Address <b>14700 NE 2ND CT MIAMI FL 33161</b>
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3. Date Incorporated or Qualified  
**10/17/1990**

4. FEI Number <b>65-0238421</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LOUIS, LILIANE N  
14700 NE 2ND CT  
MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Liliane Louis  
Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>LOUIS, LILIANE N</b>	
STREET ADDRESS	<b>14700 NE 2ND CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	<b>LOUIS, CHRISTIAN</b>	
STREET ADDRESS	<b>14700 NW 2ND CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERTS, DOLORES H</b>	
STREET ADDRESS	<b>18015 NW 20TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	<b>NEVETTE, JESSIE</b>	
STREET ADDRESS	<b>1150 NE 141ST ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Louis, Christian</b>
2.3 STREET ADDRESS	<b>731 SW 82 Street APT # 3A</b>
2.4 CITY-ST-ZIP	<b>Miami, FL 33143</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Louis, Dominique</b>
3.3 STREET ADDRESS	<b>14700 NE 2CT</b>
3.4 CITY-ST-ZIP	<b>Miami, FL 33161</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Corrected: NEVETTE, JESSIE</b>
4.3 STREET ADDRESS	<b>12860 NE 10 Avenue</b>
4.4 CITY-ST-ZIP	<b>Miami, Florida 33161</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Liliane Louis, President

4/24/98 (305) 620-3746

CR2E037 (10/97)