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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P92000008591 (9) DOCUMENT #

JUPE ENTERPRISES CORPORATION

Principal Place of Business Mailing Address 465 OCEAN DR. 465 OCEAN DR. **UNIT 714** LIMIT 714 MIAMI BEACH FL MIAMI BEACH FL

FILED Mar 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1992 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0373204 21 26 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MENDOZA, MIRNA JULI 0 465 OCEAN DRIVE, #714 Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI BEACH FL 33139 **B3** 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 agent. I am familiar with, and account the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE ed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DEL ETE Change 1.1 TITLE TITLE MENDOZA, JULIO 465 OCEAN DRIVE, UNIT. 714 MENDOZA, MIRNA 1.2 NAME NAME 465 OCEAN DR., UNIT 714 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL., 82139 MIAMI BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CiTY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 41 TOLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 suppliemental 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 poseiver 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 additionment with an address.