

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000046961 (7)  
1. Corporation Name  
**JJAPP INTERNATIONAL INVESTMENTS, INC.**

Principal Place of Business <b>707 NE US HWY 19 CRYSTAL RIVER, FL. 34428</b>	Mailing Address <b>707 NE US HWY 19 CRYSTAL RIVER, FL 34428</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/06/1993**

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	4. FFI Number <b>65-0427886</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATEL, JAYESH  
2090 PALM BEACH LAKES BLVD.  
SUITE # 902  
WEST PALM BEACH, FL. 33409**

81 Name <b>PATEL, RAMESH H.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>707 NE US HWY 19</b>
83	
84 City <b>CRYSTAL RIVER</b>	85 Zip Code <b>FL 34428</b>

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 *Ramesh Patel*

**4-9-98**

Signature, typed or printed name of registered agent or officer of corporation

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST PATEL, JAYESH 2090 PALM BEACH LAKES BLVD WEST PALM BEACH, FL. 33409</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PVST PATEL, RAMESH H. 707 NE US HWY 19 CRYSTAL RIVER, FL. 34428</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PATEL, JAYESH 2090 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PATEL, RAMESH H. 707 NE US HWY 19 CRYSTAL RIVER, FL. 34428</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>200002489262 -04/15/98--01026--031 ***150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ramesh Patel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-98**

**352-563-0910**

Date

Daytime Phone #

CR2E034 (10/97)