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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000063593 (6) DOCUMENT #

J & T INVESTMENTS OF DADE COUNTY, INC.

FILED Apr 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						JAN BUD II INDI NI II IAN II INDIAN OO BARKA ANDDA	
22295 SW 260 8T 22295 SW 260 ST							
HOMESTEAD FL 33031 HOMESTEAD FL							
					DO NOT WRITE IN THIS SPACE		
:					3. Date Incorporated or Qualified 09/13/1993		
2. Principal	2a. Mailing Address			4. FEI Number	Applied For		
21	26				65-0486046	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Status Desired	\$8.75 Additional	
<u></u>		City & State	ity & State			Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			Countr	y	8. This corporation owes or has paid the c	urrent year Intangible	
24	25 29 30		30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	d Agent	
ESCO, BENJAMIN M			61	Name			
	20 \$ DIXIE HWY RD FL		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
	ORAL GABLES FL 33146		83	<u> </u>			
			84	City		85 Zip Code	
			64	Oity	FI	L 63 2 P 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 a	agent and title it applicable (NO)	F: Registered Ag	ent signature requi	ired when reinstating) DATE		
12.		ND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D THEFT O	☐ DELETE	1.1 TITLE			Change Addition	
NAME	ZIMBELMANN, JANET D		1.2 NAME				
STREET ADDRESS	22295 SW 260 ST HOMESTEAD FL 33031		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-1	ST-ZIP		Change Addition	
TITLE	ZIMBELMANN, ELMER	L" DEFEIE	1 1			Change Addition	
NAME CAREA ADDRESS	ACCOR CIN ACC OT		2.2 NAME				
STREET ADDRESS CITY-ST-ZIP	HOMESTEAD FL 33031			T ADDRESS			
TITLE		☐ DELETE	2 4 CITY-ST-ZIP 3 1 TITLE			Change Addition	
NAME			32 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	i e		3.4. CITY-				
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME		. 4		1			
STREET ADDRESS	DDRESS 4.3		4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME			1	
STREET ADDRESS	DDRESS 5.3		5.3 STREET	ADDRESS			
CiTY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE	DELETE		6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-2IP 60 14. I hereby certify that the information supplied with this filing does not qualify for the 60				T-ZIP	Seption 110 07/2V/N Florida Challage 17 (1)	nostification also distributed	
ine. inereby	certify that the information supplied	with this thing does not quality to	ы ше ехетр	rion siateo in	- Section 119.07(3)(I), Florida Statutes, 1 further (Jeruny 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.

ELMER ZIMBELMANN, UR