PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9400002612

1. Corporation Name

| JALBE | ACH REALITING | | | | | | | |
|--|---|-----------|-------------------|----------|-------------------------|---|------------------------|----------------|
| Principal Place | of Business | Mailing | Address | | | # 18611607 (ik iārit gibis anits gaist opur a | airi aeisa Maia amas I | 1010 116) 100) |
| 1228 ALTON ROAD 1228 ALTON ROAD | | | | | | | • | |
| MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 01/11/1994 | | 1 |
| 2. Principal Pla | nce of Rusiness | 2a. Ma | iling Address | | · | 4. FEI Number | Apc | olied For |
| 2. Frincipal Fil | ace of Business | 26 | ming / taarees | | | 65-0460111 | | Applicable |
| Suite, Apt. # | #, etc. | | ite, Apt. #, etc. | _ | | 5, Certificate of Status Desired | \$8.75 A | |
| 22 City & State | | | y & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| , · | • | 28 | y a olalo | | | Trust Fund Contribution | Added to | , |
| 23 Zip | Country | Zip | | Cour | ntry | 8. This corporation owes the current year | r Intangible | |
| 24 | 25 | 29 | - | 30 | | Personal Property Tax. | Yes | XĮNο |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registe | red Agent | |
| | | | | | 81 Name | | | |
| | e, leo jr.,esq | | | ŀ | Resni 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| 1 S.E. 3RD AVE | | | | | | Alton Road | | |
| STE 2400 | | | | | 83 | · BAR TO LOS CONTROL | | 74 |
| MIAMI FL 33131 | | | | Ì | 84 City . | | 85 Zin C | ode |
| | | | | - 1 | Miami | Beach | - L 337 | . 39 |
| 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 DATE DATE | | | | | | | | |
| SIGNATURE . | Signature, typed or printed hame of registered ag | | | | Agent signature require | | | 00 IN 12 |
| 12. | OFFICERS A | ND DIRECT | | 13. | | ADDITIONS/CHANGES TO OFFICERS | Change | Addition |
| TITLE | D | | X DELETE | 1,1 TIT | | | onange | |
| NAME | ROSE, LEO JR., ESQ | 500 | | 1.2 NA | | • | | ļ |
| STREET ADDRESS | 1111 LINCOLN ROAD; SUITE | 500 | | 1 | REET ADDRESS | | • | |
| CITY-ST-ZIP | MIAMI-BEACH FL 33139 | | ☐ DELETE | 2,1 TIT | Y-ST-ZIP | | Change | Addition |
| TITLE | D BOOK FILEN 500 | | [DECE I | 2.1 III | 1 | | 2 <u></u> | |
| NAME | ROSE, ELLEN ESQ. | E00 | | 1 | REET ADDRESS | | | |
| STREET ADDRESS | 1111 LINCOLN ROAD, SUITE | 300 | | • | 1 | | | 1 |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 PRES | | DELETE | -3.1 TIT | TY-ST-ZIP | | [] Change | Addition |
| TITLE | RESNICK, JAMES | | | 3.2 NA | | | | } |
| NAME STREET ADDRESS | 1228 ALTON ROAD | | | | REET ADDRESS | • | | |
| CITY-ST-ZIP | MIAMI BEACH FL | | | | TY-ST-ZIP | | | ĺ |
| TITLE | MIAMI DEAOTTE | | DELETE | 4.1 TD | | | Change | Addition |
| NAME | | | | 4, 2 N/ | AME | | | |
| STREET ADDRESS | | | | 4.3 ST | REET ADDRESS | | | ļ |
| CITY-ST-ZIP | | | | 4.4 CI | TY-ST-ZIP | | | |
| TITLE | -, | | ☐ DELETE | 5.1 TIT | | | Change | Addition |
| NAME | | | | 5.2 NA | ME | | | } |
| STREET ADDRESS | | | | 5.3 ST | REET ADDRESS | | | Į |
| CITY-ST-ZIP | | | | 5.4 CII | Y-ST-ZIP | <u></u> | | |

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 or all attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PE

DELETE

Change

Addition

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90159 034 ***150.00