

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000007487

1. Corporation Name
MCPIMA-JFW INVESTMENTS, INC.

Principal Place of Business

45 SUTTON PLACE SOUTH
APT 5-F
NEW YORK NY 10022
US

Mailing Address

45 SUTTON PLACE SOUTH
APT 5-F
NEW YORK NY 10022
US

2. Principal Place of Business

21 %J. McENTEE Chase Manhattan

22 Suite, Apt. #, etc.
270 PARK AVENUE

23 City & State
NEW YORK, NY

24 Zip Country
10017 USA

2a. Mailing Address

26 %J. McENTEE CHASE MANHATTAN

27 Suite, Apt. #, etc.
270 PARK AVENUE

28 City & State
NEW YORK

29 Zip Country
NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1994

4. FEI Number
13-3781212

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

WEBER, MARJORIE
6644 WINDSOR LANE
MIAMI BEACH FL 33140

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME WEBER, JON F
STREET ADDRESS 45 SUTTON PLACE S APT 5F
CITY-ST-ZIP NEW YORK NY

TITLE S [] DELETE

NAME SREBNICK, ELIZA
STREET ADDRESS 45 SUTTON PLACE S APT 5F
CITY-ST-ZIP NEW YORK NY

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P [] Change [] Addition

1.2 NAME WEBER, JON F
1.3 STREET ADDRESS 6644 WINDSOR LANE
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

2.1 TITLE S [] Change [] Addition

2.2 NAME WEBER, ELIZA S
2.3 STREET ADDRESS 6644 WINDSOR LANE
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

3.1 TITLE [] Change [] Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

500002759305--7
-01/29/99--01091--005
****150.00 ****150.00

1-27-99

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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON F WEBER

1/16/99

305-864-8190

Date Daytime Phone #

CR2E034 (11/98)