


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000016092 (6)</b> 1. Corporation Name <b>J.R. INVESTMENTS REALTY, INC.</b>					
Principal Place of Business <b>12700 BISCAYNE BLVD SUITE 305 N MIAMI FL 33181</b>			Mailing Address <b>P.O. BOX 601334 NORTH MIAMI BEACH FL 33168</b>		
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		3. Date Incorporated or Qualified <b>02/25/1994</b> 3a. Date of Last Report <b>02/09/1995</b> 4. FEI Number <b>65-0480303</b> 5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ROMERO, JUAN 12700 BISCAYNE BLVD. SUITE 305 NORTH MIAMI BEACH FL 33181</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PDCM <input type="checkbox"/> DELETE				
NAME	ROMERO, JUAN				
STREET ADDRESS	12700 BISCAYNE BLVD SUITE 305				
CITY-ST-ZIP	N MIAMI FL 33181				
TITLE	TD <input type="checkbox"/> DELETE				
NAME	WALL, MARIA C				
STREET ADDRESS	12700 BISCAYNE BLVD., STE 305				
CITY-ST-ZIP	N MIAMI FL				
TITLE	SD <input type="checkbox"/> DELETE				
NAME	COLLINS, MARIA				
STREET ADDRESS	12700 BISCAYNE BLVD SUITE 305				
CITY-ST-ZIP	N MIAMI FL 33181				
TITLE	CD <input type="checkbox"/> DELETE				
NAME	VILAR, MARIA				
STREET ADDRESS	21165 HELMSMAN DR. #G-14				
CITY-ST-ZIP	AVENTURA FL 33180				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.					
SIGNATURE: <b>X</b> <i>Juan Romero</i> <b>JUAN ROMERO</b> 06-10-96 (305) 899-0344					

CR2E034 (3/96)