

**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

FILED

98 APR 23 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000017225  
1. Corporation Name

**JALE INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**C/O LUIS M. ARTIME, ESQ.** **C/O LUIS M. ARTIME, ESQ.**  
**ONE SE 3 AVE., 28TH FLOOR** **ONE SE 3 AVE., 28TH FLOOR**  
**MIAMI, FLORIDA 33131** **MIAMI, FLORIDA 33131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.	65-0472705		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**9. Name and Address of Current Registered Agent**  
**CORPORATION INFORMATION SERVICES, INC.**  
**1201 HAYES STREET**  
**TALLAHASSEE, FLORIDA 32301**

**10. Name and Address of New Registered Agent**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature - type or stamped name of registered agent (not applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTINO, OSCAR L.	1.2 NAME	700002503387--2
STREET ADDRESS	ONE SE 3 AVE., 28TH FLOOR	1.3 STREET ADDRESS	-04/28/98--01087--014
CITY-ST-ZIP	MIAMI, FLORIDA 33131	1.4 CITY-ST-ZIP	****750.00 ****150.00
TITLE	AVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LENTINO, MARGARITA C.	2.2 NAME	
STREET ADDRESS	ONE SE 3 AVE., 28TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	2.4 CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTINO, JAVIER	3.2 NAME	
STREET ADDRESS	ONE SE 3 AVE., 28TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:** \_\_\_\_\_ **OSCAR L. LENTINO, PRESIDENT** **305-374-5600**

CR2E034 (10/97)

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4/28/98