**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:13

DOCUMENT # **P94000037105 (1)**

1. Corporation Name
**JAIPAC INVESTMENT CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 180 ISLAND DR<br>KEY BISCAYNE FL 33149 | 180 ISLAND DR<br>KEY BISCAYNE FL 33149 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 131 CRANDON BLVD. | 26 131 CRANDON BLVD. |
| Suite, Apt. #, etc<br>22 #462 | Suite, Apt. #, etc<br>27 #462 |
| City & State<br>23 KEY BISCAYNE, FL | City & State<br>28 KEY BISCAYNE, FL. |
| Zip / Country<br>24 33149 25 USA | Zip / Country<br>29 33149 30 FL. |

4. FEI Number: 65-0406331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MARTINEZ CELEIRO, FRANCISCO<br>180 ISLAND DR<br>KEY BISCAYNE FL 33149 | 81 Name: BRUGOS LOPEZ, JAIME<br>82 Street Address (P.O. Box Number is Not Acceptable): 131 CRANDON BLVD #462<br>83<br>84 City: KEY BISCAYNE FL 85 Zip Code: 33149 |

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: X [illegible] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, DELETIONS, CHANGES | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D/P/S ☒ Change ☐ Addition |
| NAME | BRUGOS LOPEZ, JAIME | 12 NAME | BRUGOS LOPEZ, JAIME |
| STREET ADDRESS | 180 ISLAND DR | 13 STREET ADDRESS | 131 CRANDON BLVD #462 |
| CITY ST ZIP | KEY BISCAYNE FL 33149 | 14 CITY ST ZIP | KEY BISCAYNE, FL 33149 |
| TITLE | D | 21 TITLE | D ☐ Change ☐ Addition |
| NAME | TERREROS BALANCO, MARIA A | 22 NAME | TERREROS BLANCO, MARIA A. |
| STREET ADDRESS | 180 ISLAND DR | 23 STREET ADDRESS | 131 CRANDON, BLVD #462 |
| CITY ST ZIP | KEY BISCAYNE FL 33149 | 24 CITY ST ZIP | KEY BISCAYNE, FL. 33149 |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MARTINEZ CELEIRO, FRANCISCO | 32 NAME | DELETE |
| STREET ADDRESS | 180 ISLAND DR | 33 STREET ADDRESS | |
| CITY ST ZIP | KEY BISCAYNE FL 33149 | 34 CITY ST ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | MIYASHIKI, EVA | 42 NAME | DELETE |
| STREET ADDRESS | 180 ISLAND DR | 43 STREET ADDRESS | |
| CITY ST ZIP | KEY BISCAYNE FL 33149 | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

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)(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: X [illegible]
ENTER TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067686 CP