

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000007657 (6)

1. Corporation Name

J & W INVESTMENT CORP.

Principal Place of Business

10125 N.W. 116 WAY NO. 5  
MIAMI FL 33178

Mailing Address

10125 N.W. 116 WAY NO. 5  
MIAMI FL 33178



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

65-0576973

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 770 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

22 SUITE 305

City & State

23 CORAL GABLES, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 770 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

27 SUITE 305

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

FIGUERAS, VIVIAN T  
1550 MADRUGA AVE., SUITE 510  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

FIGUERAS, VIVIAN T.

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

2801 PONCE DE LEON BLVD. #1170

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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	PSD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, WILLIAM	
STREET ADDRESS	10125 N.W. 116 WAY, NO. 5	
CITY-ST-ZIP	MIAMI FL 33178	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, WILLIAM D JR	
STREET ADDRESS	10125 N.W. 116 WAY, NO. 5	
CITY-ST-ZIP	MIAMI FL 33178	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JAVIER A	
STREET ADDRESS	10125 N.W. 116 WAY, NO. 5	
CITY-ST-ZIP	MIAMI FL 33178	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	770 PONCE DE LEON BLVD. #305
14 CITY-ST-ZIP	CORAL GABLES, FL 33134

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	770 PONCE DE LEON BLVD. #305
24 CITY-ST-ZIP	CORAL GABLES, FL 33134

31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	770 PONCE DE LEON BLVD. #305
34 CITY-ST-ZIP	CORAL GABLES, FL 33134

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 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:

William Rodriguez, Pres.

2-2-98

305-529-2223

CR2E034 (10/97)