

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

FILED

Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000045959 (0)**

1. Corporation Name

JOTA INVESTMENTS, INC.

Principal Place of Business

**2600 SOUGLAS ROAD
SUITE 410-DOUGLAS CENTRE
CORAL GABLES FL 33134**

Mailing Address

**2600 SOUGLAS ROAD
SUITE 410-DOUGLAS CENTRE
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1995

4. FEI Number

NOT APPLICABLE

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 1320 S. Dixie Hwy.

2a. Mailing Address

26 1320 S. Dixie Hwy.

Suite, Apt. #, etc.

22 Sixth Floor

Suite, Apt. #, etc.

27 Sixth Floor

City & State

23 Coral Gables, FL 33146

City & State

28 Coral Gables, FL 33146

Zip Country

24

Zip Country

29

9. Name and Address of Current Registered Agent

**DUNCAN, ROSARIO P
2600 DOUGLAS ROAD
SUITE 410-DOUGLAS CENTRE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

DUNCAN, ROSARIO P.

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

1320 S. Dixie Highway

83

Sixth Floor

84 City

Coral Gables,

FL

85 Zip Code

33146

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 **S** ☐ DELETE

NAME **DUNCAN, ROSARIO P**
STREET ADDRESS **2600 DOUGLAS RD #410**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PD** ☐ DELETE

NAME **DMASE, JULIAN**
STREET ADDRESS **%2600 DOUGLAS RD #410**
CITY-ST-ZIP **CORAL GABLES FL**

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 **S** ☒ Change ☐ Addition

1.2 NAME **DUNCAN, ROSARIO P.**
1.3 STREET ADDRESS **1320 S. Dixie Highway, Sixth Floor**
1.4 CITY-ST-ZIP **Coral Gables, FL 33146**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME **DI MASE, JULIAN**
2.3 STREET ADDRESS **1320 S. Dixie Highway, Sixth Floor**
2.4 CITY-ST-ZIP **Coral Gables, FL 33146**

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

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:

3/24/98

305-668-500

CR2E034 (1097)