FILENOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057217

1. Corporation Name

JAF DEVELOPMENT, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90278 017 ***150.00



	•								
Principal Place	of Business	Mailing Address							
8857 NW 117TH		8857 NW 117TH STREET							
HIALEAH GARD	ENS FL 33018	HIALEAH GARDENS FL 33018			DO NOT WRITE IN THIS SPACE				
		•		3. Date Incorpor	4.015				
		•		07/24/199	5				
Principal Place of Business 2a. Mailing Address			1105	4. FEI Number			Apr	olied For	
21 8855	N.W. 117 51 .	26 8 555 N.W.	1175.	65-059315	6			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			tatus Desired		\$8.75 A		
22	·	27					Fee Rec	<u> </u>	
City & State 23 HIALE	AH JAKOGNS, FL		ws, FL		ontribution		\$5.00 i Added to		
Zip Zip Zip Country Zip			Country .	Personal Prop			Yes ,	ÃNo	
	9. Name and Address of Curre	10. Name and Address of New Registered Agent							
EEDI	DED IOSE C	81 Name JOSE C. FERRER							
	rer, Jose C ' NW 117th Street	82 Street Add	dress (P.O. Box Numb	er is Not Acceptal	ble)				
	EAH GARDENS FL 33018	2000	- 4.1		 				
TIMEENI CARDENOTE COOTO			83 88.	55 N.W.	11/1 2	. •			
	•		84 City	COLL GARI	FNS. G	Z. EI	85 Zip C	ode 0/8	
44 5	the analysis of Costions 607 056	02 and 607.1508, Florida Statutes, the	a above named col	rooration submits this	statement for the	ournose of c			
office or r	egistered agent, or both, in the State	e of Florida. Such change was authoriz	zed by the corpora	tion's board of director	s. I hereby accept	t the appoint	ment as reg	istered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida S	tatutes.			•			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Registe	ered Agent signature requi	ired when reinstating)		DATE	,		
12.			3.		ANGES TO OFF	ICERS AND	DIRECTO	RS IN 12	
ΠΤLE	PS	DELETE 1.	1 TITLE	05.	Tore	_	Change	☐ Addition	
NAME.	FERRER, JOSE C	13	2 NAME	EPREKI	3000	25	·		
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CITY-ST-ZIP			4 CITY-ST-ZIP						
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CITY-ST-ZIP		5.	4 CITY-ST-ZIP						
TITLE		☐ DELETE 6.	1 TITLE				☐ Change	☐ Addition	
NAME	·	6.	2 NAME						
STREET ANDRESS	• •	6.	3 STREET ADDRESS		v				

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 receipter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed, or

6.4 CITY-ST-ZIP

SIGNATURE