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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073408 (3)

J.G.M.J. INVESTMENT, INC.

FILED Apr 15 1997 8:00am Secretary of State

|--|--|--|--|--|

Principal Place of Business 2800 VISTA MARST		Mailing Address	2000 VISTA MARST			- I TROUGH WE INITED SINT ORIVE STAN SOUT SOUT MEET WHI STON BOOK IN 1801				
office ft lauderda	I E EL 2000A	office Ft lauderdale i	33304.4066			1				
US	LE FE 90009	US US	C 00001 1010			3. Date Incorporated or Qualified 09/21/1995		e of Last R	leport	
2. Principa P	lace of Business	2a. Mailing Addre	SS			4. FEI Number	1		polied For	
21		26				65-0612453			ot Applicable	
Suite Apt	#, etc	Suite, Apt #, 6	etc.			····			Additional	
22		27				5. Certificate of Status Desired			equired	
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Ζιp	Country	Zip	· Co	untry	i	8. This corporation has liability for i	ptangible t	ax under s	. 199.032	
24	25	29	30				Yes 🗀			
	9. Name and Address of C	urrent Registered Agent		ļ.,	1	10. Name and Address of New Re	gistered A	gent		
	NELLA, ROSS			81	Name					
	6 HOLLYWOOD BLVD.			82	Street Add	tress (P.O. Box Number is Not Acceptab	le)			
HOL	LYWOOD FL 33020									
				83						
				84	City			65 Zip	Code	
				5	City		FL	21p	Code	
11. Pursuant	to the provisions of Sections 60:	7,0502 and 607,1508, Florid	a Statutes, the a	abov	e-named cor	poration submits this statement for the p	urpose of	changing i	ts registered	
office or f	registered agent, or both, in the time familiar with, and accept the c	State of Florida. Such chang obligations of, Section 607.0	je was authorize 505. Florida Sta	a b	y the corpora s.	ation's board of directors. I hereby accep	or the appo	#ntment as	registerea	
	The state of the s				-					
SIGNATURE	Signatine typed or pointed name of register	ed agent and title if applicable.	(NOTE: Flegister	ed Age	ent signature requ	uired when reinstating)	DATE			
12.	OFFICER	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			3S IN 12	
TITLE	D	DEL	£TE 1.11	TITLE				Change	Addition	
NAME	GAGNON, GILLES		1.21	MAME						
STREET ADDRESS	2800 VISTA MARST OFFK	Œ	1.3 \$	TREE	r address					
CITY - ST - ZIP	FORT LAUDERDALE FL		1.40	CITY-S	ST-ZIP					
TITLE		☐ DEL	ETE 2.17	TILE	_ · _			Change	Addition	
NAME			221	NAME						
STREET ADDRESS			235	STREET	r address					
CHTY - ST - ZIP			2.4	ÇITY-	ST-ZIP					
TITLE		☐ DEL	ETE 311	ITLE				Change	Addition	
NAME			3.21	IAME						
STREET ADDRESS			335	STREET	ADDRESS					
CITY-S1-7an				CITY-	ST-ZIP					
TIFLE		DEL	ETE 4.1 1	ITLE				Change	Addition	
NAME			4. 2	NAME						
STREET ADDRESS			4.3 9	STREET	ADDRESS					
CHY-ST-ZIP			4.4 (CITY - S	ST-ZIP					
TITLE		DEL DEL	ETE 5.1 T	ITLE				Change	Addition	
NAME			5.21	NAME						
STREET ADDRESS			5.3 \$	STREE	ADDRESS					
CITY-ST-ZIP		·	5.40	CITY-	ST - ZIP					
TITLE		DEL	ETE 6.1 T	ITLE				Change	Addition	
NAME			6.21	NAME	•					
STREET ADDRESS			6.3 9	STREE	T ADDRESS					
CITY-ST-ZIP					ST-ZIP					
	by cortify that the information su	onlied with this filing does n				ed in Section 119 07(3)(i). Florida Statute	s Liuriber	certify that	the	

I do 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 finite 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 finite filing f

SIGNATURE

NAME OF SIGNING OFFICER OR DIRECTOR

SGYULES 6A 6NON 3 18/17

18/17 954-566-64