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May 01, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000077021

| J FOR IN   | IVESTMENTS,  | INC.   |                     |                              |                           |                    |   |  |        |
|--|--|--|---------------------|------------------------------|---------------------------|--------------------|---|--|--------|
| ELON NITEO INTENTO                                 |  |  |                     |                              |                           |                    | ) I FREITIER TIG TEREF ERFOL ERFOL BEIG ERFOL BEIG AUCH IN IN INFELTER INDEL INFELTER I | ı  |        |
|  |  |  |                     |                              |                           |                    | -   |  | l      |
| Principal Place of Business Mailing Address        |  |  |                     |                              |                           |                    | ,   |  | ,      |
| 2165 SW 47TH ST P. O. BOX 403755                   |  |  |                     |                              |                           |                    |   |  |        |
| SUITE 3 MIAMI BEACH FL 33140                       |  |  |                     |                              |                           |                    |   | DO NOT WRITE IN THIS SPACE   |        |
| FT LAUDERDALE FL 33312 US                          |  |  |                     |                              |                           |                    |   | 3. Date Incorporated or Qualified  | $\neg$ |
|  |  |  |                     | •                            |                           |                    |   | 10/06/1995   |        |
| 2. Principal Place of Business 2a. Mailing Address |  |  |                     |                              |                           |                    |   | 4. FEI Number Applied For  | ヿ      |
| 21   |  |  | 26                  |                              |                           |                    |   | 65-0622627 Not Applicable  | ച      |
| Suite, Apt. #, etc.                                |  |  | Suite, Apt. #, etc. |                              |                           |                    |   | 5. Certificate of Status Desired S8.75 Additional Fee Required   | -      |
| 22   |  |  | City & State        |                              |                           |                    |   |  | ᅱ      |
| City & State                                       |  |  | 28                  |                              |                           |                    |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   | -      |
| Zip Country  |  |  | Zip Coun            |                              |                           | ntry               |   | This corporation owes the current year Intangible  | ٦      |
| 24   | 25   |  |                     | 29 30                        |                           |                    |   | Personal Property Tax. Yes No  | }      |
|  | 9. Name and Ad   | idress of Current F                            | Registered Age      | ent                          |                           | С,                 |   | 10. Name and Address of New Registered Agent   | コ      |
|  | UD DEOLEAN   | . "  |                     |                              |                           | 81                 | Name  |  | İ      |
| TAMIR, BERMAN<br>2165 SW 47TH ST                   |  |  |                     |                              |                           | 82                 | 82 Street Address (P.O. Box Number is Not Acceptable)                                   |  |        |
| FT. LAUDERDALE FL 33312                            |  |  |                     |                              |                           |                    |   |  | ᅱ      |
| } •••·   | PLÓDELÍDVER , E  | 00012  |                     |                              |                           | 83                 | <u> </u>  |  | ╛      |
|  |  |  |                     |                              |                           | 84                 | City  | FL 85 Zip Code   |        |
| 11. Pursuant                                       | to the provisions of   | Sections 607,0502 a                            | and 607.1508, F     | lorida Statu                 | tes, the al               | bove               | e-named c   | corporation submits this statement for the purpose of changing its registered<br>oration's board of directors. I hereby accept the appointment as registered   | ┫      |
| office or n  | egistered agent, or l<br>im familiar with, and   | ooth, in the State of<br>accept the obligation | Florida, Such c     | hange was a<br>107,0505, Fil | authorized<br>orida Stati | l by<br>utes       | the corpor  | pration's board of directors. I hereby accept the appointment as registered  | - {    |
| SIGNATURE  | The state of the s | accept and obligation                          | .,, 00020           |                              |                           |                    |   | · · · · · · · · · · · · · · · · · · ·  | İ      |
|  | Signature, typed or printed  |  |                     | (NOT                         |                           | Agen               | it signature red  | equired when reinstating) DATE   | 4      |
| 12.  | DDTC   | OFFICERS AND                                   |                     | DELETE                       | 13.                       |                    | <del></del>   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |        |
| TITLE  | DPTS   | •  | ι,                  | "ו הבורנה                    | 1.1 T()<br>1.2 NA         |                    | -   | . El cumilibration   | "      |
| NAME<br>STREET ADDRESS                             | BERMAN, ISAAC<br>2165 S.W. 47TH  |  | •                   |                              |                           |                    | ADDRESS   | •  | - {    |
| CITY-ST-ZIP  | FT. LAUDERDAI  |  |                     |                              | 1,4 CF                    |                    | i   | ,  | 1      |
| TITLE.   | «DVP   |  | <del></del>         | DELETE                       | 2.1 Π                     |                    |   | . ☐ Change ☐ Additio   | 'n     |
| NAME   | BERMAN, TAMI   |  |                     |                              | 2.2 NA                    | ME                 | [-  | man and the second of the seco | -      |
| STREET ADDRESS                                     | ALAR OLIV ATTIL STREET   |  |                     |                              | 2.3 \$7                   | 2.3 STREET ADDRESS |   |  |        |
| CITY-ST-ZIP  | FT. LAUDERDAI  | LE FL 33312                                    |                     |                              | 2.4 C                     | ITY-Ş              | IT-ZIP  |  | ╛      |
| TITLE  |  | ,  |                     | DELETE                       | 3.1 ∏                     | ΓLE                | ļ   | Change Addition  | ın     |
| NAME   | 3  |  |                     |                              | 3.2 NA                    |                    | 1   |  | 1      |
| STREET ADDRESS                                     |  |  |                     |                              |                           |                    | ADDRESS   |  | ļ      |
| CITY-ST-ZIP  | · · · · · · · · ·  |  |                     | DELETE                       | 3.4. CI                   | -                  | T-ZIP   | ☐ Change ☐ Addition  | 爿      |
| TITLE  |  |  | L                   |                              | 4.1 TII                   |                    | 1   |  | " {    |
| NAME   |  |  |                     |                              | 4. 2 N                    |                    | ADDRESS (   |  | 1      |
| STREET ADORESS                                     |  |  |                     |                              | 4.4 CF                    |                    |   |  | }      |
| CITY-ST-ZIP<br>TITLE                               | <u> </u>   |  |                     | DELETE                       | 5.1 TIT                   |                    | J-2IF   | Change Addition  | in l   |
| NAME :   |  |  | •                   |                              | 5.2 NA                    |                    |   |  | 1      |
| STREET ADDRESS                                     |  |  |                     |                              | 5.3 ST                    | REET               | ADDRESS   |  |        |
| CfTY-ST-ZIP  |  |  |                     |                              | 5.4 CF                    | TY-SI              | T-ZIP   |  | _]     |
| TITLE  |  |  |                     | DELETE                       | 6.1 111                   | ſΈ                 |   | ☐ Change ☐ Addition  | nc     |
| NAME   |  |  |                     |                              | 6.2 NA                    | ME                 |   |  |        |
| STREET ADDRESS                                     | )  |  |                     |                              | 6.3 ST                    | REET               | ADDRESS   |  | Ì      |

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 supplier ental 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 an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP