

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

FILED  
Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000025593 (0)**

1. Corporation Name  
**JOOP INVESTMENTS, INC.**



Principal Place of Business <b>2222 PONCE DE LEON BLVD. SIXTH FLOOR CORAL GABLES FL 33134</b>	Mailing Address <b>2222 PONCE DE LEON BLVD. SIXTH FLOOR CORAL GABLES FL 33134-5039</b>
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3. Date Incorporated or Qualified <b>03/18/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>9756 N.W. 29 ST.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>9756 N.W. 29 ST.</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0658295</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>MIAMI, FL</b>	27 City & State <b>MIAMI, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip <b>33172</b> Country	28 Zip <b>33172</b> Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>33172</b>	25	29 <b>33172</b>	30

g. Name and Address of Current Registered Agent <b>BAUMAN, BRYAN W 2222 PONCE DE LEON BLVD. SIXTH FLOOR CORAL GABLES FL 33134</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>BAUMAN, BRYAN W ESQ. 2222 PONCE DE LEON BLVD. SIXTH FLOOR CORAL GABLES FL 33134</b>	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>HENRY L. CASTELO</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>9756 N.W. 29 ST.</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>MIAMI, FL 33172</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>700002144487</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-04/16/97--01005--037</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***165.00</b>

14. 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 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: Henry L. Castelo **HENRY L. CASTELO** 1/16/1997 305-2526927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/96)

*Handwritten signature and date: 4/15/97*