FILE NOW: 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 # P9700007005

1, Corporation Name

J.J.A. INVESTMENT AND FINANCIAL SERVICES, INC.

3100 NORTH OCEAN DRIVE SUITE #111

Mailing Address

May 07, 1999 8:00 am Secretary of State

05-07-1999 90103 040 ***150.00



3100 NORTH OCEAN DRIVE SUITE #111 SINGER ISLAND FL 33404		9010 SW 137TH AVE Suite 113 Miami FL 33186				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/23/1997					
2. Principal Pl	ace of Business	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28				4. FEI Number 65-0732154				ied For Applicable	
Suite, Apt. i	#, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State	9					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be					
Zip 24	Country 25		30			8. This corporation owes the current year Intangible Personal Property Tax.					
	g. Name and Address of Curren	t Registered Agent		T		10. Name and Address of New I	Registered A	Agent			
AMEN	NEIRO, JUAN JOSE		81	Na	ame						
3100	NORTH OCEAN DRIVE		82		reet Address	ess (P.O. Box Number is Not Acceptable)					
	E #111 ER ISLAND FL 33404		83								
	to the provisions of Sections 607,050; egistered agent, or both, in the State on familiar with, and acceptathe obligat		84		-		FL	1 1	Zip C		
12.		D DIRECTORS	13.	nt signa	ature required wh	en reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN				
TITLE	P OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE		S IN 12 Addition	
NAME	AMENEIRO, LUAN J		1.2 NAME						3-	<u></u>	
STREET ADDRESS	3100 NORTH OCEAN DRIVE		1.3 STREE	TADDR	RESS						
CITY-ST-ZIP	SINGER ISLAND FL 33404		1.4 CITY-S					_			
TITLE		☐ DELETE	2.1 TITLE					Ch:	ange	Addition	
NAME			2.2 NAME			•					
STREET ADDRESS			2.3 STREE	TADDR	RESS						
CITY-ST-ZIP		☐ DELETE	2.4 C(TY-5	ST-ZIP				□ Ch	2000	Addition	
TITLE NAME		C) DELETE	3.1 TITLE 3.2 NAME					П <u>С</u>	ango	Addition	
STREET ADDRESS			3.3 STREE	TADDE	RESS						
CITY-ST-ZIP			3.4. CITY-5		- 1						
TITLE		☐ DELETE	4.1 TITLE					Ch:	ange	☐ Addition	
NAME ·			4. 2 NAME								
STREET ADDRESS			4.3 STREE	T ADDR	RESS	4					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					☐ Ch	ange	☐ Addition	
NAME			5.3 STREE	T ADDO	PESS						
STREET ADDRESS	1 *		5.4 CITY-S		200					!	
TITLE		☐ DELETE	6.1 TITLE					Cha	ange	Addition	
NAME "	4.5	<u> </u>	6.2 NAME								
STREET ADDRESS			6.3 STREE	T ADDR	RESS						
CITY-ST-7IP			6.4 CITY- S	T-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 with all other like empowered.

SIGNATURE:

Daytime Phone #