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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000012060 (4)

JICO INVESTMENTS, INC.

CORAL GABLES FL 33134

Principal Place of Business Mailing Address 8940 S.W. 59TH STREET 8940 S.W. 59TH STREET **MIAMI FL 33173** MIAMI FL 33173 3. Date Incorporated or Qualified 02/06/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number EIN # 65-0736836 21 Suite, Apt. #, etc. Suite Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Zip Country 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name LANGSTADT, OLIVER J 815 PONCE DE LEON BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200

DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Yes

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.

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84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE PD 1.1 TITLE Change Addition NAME COBO, RUTH 1.2 NAME 8940 S.W. 59TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE ٧D NAME COBO, RALPH 2.2 NAME 8940 S.W. 59TH STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE TD NAME JIDY, RAUL JR 3.2 NAME STREET ADDRESS 8940 S.W. 59TH STREET 3.3 STREET ADDRESS MIAMI FL 33173 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE ☐ Change LANGSTADT, OLIVER J NAME 4. 2 NAME 815 PONCE DE LEON BLVD., SUITE 200 STREET ADDRESS 4.3 STREET ADDRESS CORAL GABLES FL 33134 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 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.

President 4 2 00