

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

FILED

Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90021 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P97000051061

1. Corporation Name

J.J. IGLESIAS PROJECT, INC.

|  |  |
|--|--|
| Principal Place of Business<br>C/O ANCHOR MARKETING<br>1177 KANE CONCOURSE, PENTHOUSE<br>BAY HARBOR ISLANDS FL 33154 | Mailing Address<br>C/O ANCHOR MARKETING<br>1177 KANE CONCOURSE, PENTHOUSE<br>BAY HARBOR ISLANDS FL 33154 |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br>06/09/1997   | 4. FEI Number<br>65-0759034    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |                               |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |                               |
| 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                               |

|   |
|---|
| 9. Name and Address of Current Registered Agent<br>HORVATH, SILVIA<br>C/O ANCHOR MARKETING<br>1177 KANE CONCOURSE, PENTHOUSE<br>BAY HARBOR ISLANDS FL 33154 |
|---|

|   |
|---|
| 10. Name and Address of New Registered Agent          |
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 |                                |
| TITLE                      | PD                             |
| NAME                       | PREYSLER, JULIO IGLESIAS       |
| STREET ADDRESS             | 1177 KANE CONCOURSE, PENTHOUSE |
| CITY-ST-ZIP                | BAY HARBOR ISLANDS FL 33154    |
| TITLE                      | S                              |
| NAME                       | HEINEMANN, PHILLIP             |
| STREET ADDRESS             | 1177 KANE CONCOURSE, PENTHOUSE |
| CITY-ST-ZIP                | BAY HARBOR ISLANDS FL 33154    |
| TITLE                      |                                |
| NAME                       |                                |
| STREET ADDRESS             |                                |
| CITY-ST-ZIP                |                                |
| TITLE                      |                                |
| NAME                       |                                |
| STREET ADDRESS             |                                |
| CITY-ST-ZIP                |                                |
| TITLE                      |                                |
| NAME                       |                                |
| STREET ADDRESS             |                                |
| CITY-ST-ZIP                |                                |

|   |   |
|---|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 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, with all other like empowered.

SIGNATURE: Phillip Heinemann 1/27/99 (305) 864-4555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)