

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

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000057641 1. · Corporation Name

J.L.D. PROPERTIES, INC.

**PROFIT** 

CORPORATION

ANNUAL REPORT

Principal Place of Business 7720 S.W. 54TH COURT

SUITE A MIAMI FL 33143 Mailing Address

7720 S.W. 54TH COURT SUITE A

MIAMI FL 33143

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90224 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/01/1997

26 65-0767344	
120	Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	\$8.75 Additional Fee Required
Clay 9-State Companies Figure 1	\$5.00-May-Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes the current	
24 25 29 30 Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
DONADO, JOSE L  82 Street Address (P.O. Box Number is Not Acceptable	2)
7720 S.W. 54TH COURT	
SUITE A 83	
MIAMI FL 33143	85 Zip Code _
84 City (Co per,	FL 85 20 Code 33143
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pu	rpose 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)  DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE	
The Control of the Co	∜Z Change
	و
STREET ADDRESS TILE G. W. GITT G.	_
	*  Change ☐ Addition
	Secondary Distriction
NAME REY, SUSAN 22 NAME 7250 SW 54 CLUENCE	e l
STREET ADDRESS 1/2U S.W. 54111 CT, SUITE A 2351REET ADDRESS	
CITY-ST-ZIP MIAMI FL 33143 2.4 CITY-ST-ZIP LIALTI 17. 3343	Change [ ] Addition
TILE DELETE 3.1 TILE	☐ Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME 52 NAME	ļ
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 62 NAME	ł
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 one an attachment with an address, with all other like empowered.

SIGNATURE: