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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065127 (7)

J.A. GLOBAL ENTERPRISES, INC.

## FILED May 19 1998 8:00am Secretary of State



B :				<u></u> ;	18
Principal Place		Mailing Address			
5676 HARBOF		5676 HARBORSIDE DR. TAMPA FL 33615			
TAMPA FL 33615 TAMPA FL 33615			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				07/28/1997	
2. Principal P	lace of Business	2a. Mailing Address		4 FEI Number	Applied For
21 022	NEWTOWN CIR.		<u>IOWIV CIR,</u>	593460464	Not Applicable
Suite, Apt.	#, elc. T_	Suito, Apt. #, etc.	<b>1</b>	5. Certificate of Status Desired	\$8.75 Additional
<u>22 SUI</u>	TE 133	27 SUITE B	<u>D</u>		Fee Required
City & State		City & State	-1	6. Election Campaign Financing	\$5.00 May Be
	MPA L Country	1	Country	Trust Fund Contribution	Added to Fees
Zip 222	15 25 USA	zip 33615 3	I i = A	8. This corporation owes or has paid the co	urrent year Intangible  Yes X No
24 05 Q	9. Name and Address of Current I			Personal Property Tax due June 30.  10. Name and Address of New Registered	
				10, Mario and Address of New Registers	Agent
JANENIEURA, JULANIA					
5676 HARBORSIDE DR. TAMPA FL 33615				dress (P.O. Box Number is Not Acceptable)	
IAI	MPA PL 33015		83		
			84 City		85 Zip Code
44 Durement	to the equipions of Sections 607.0502	and CO7 1500 Florida Clatutas	the shows named one	FI	
11. Pursuant to the provisions of Soctions 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 Signature, typed or piculed mane of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TOBE		Change Addition
NAME					-
STREET ADDRESS			1.3 STREET ADDRESS 11	ASIENIECKA JOLANIA OGRIDGEGROVE DR.H.	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	ALIM HARDOR FL. 34683	ı
TITLE		☐ DELETE	2.1 TITLE	5/7	Change Addition
NAME			2.2 NAME	TAMES, APRIL 321 NEHTOHN CIR.	
STREET ADDRESS			23 STREET ADDRESS 6	321 NEWTOHN CIR.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	AMPA FL 33615	
TITLE		☐ DELETE	3.1 TITLE	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	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		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Ì
TITLE		☐ DELETE	61 TITLE	<u>-</u> .	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
	sertily that the information supplied with	this films does not auglifu for t		Section 119 07(3)(i) Florida Statutes, Lifurther of	partify that the information

4. 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.

CICHATURE, AND AS AS OF O TOU NAVIA TASIENUTCHA 412CHR RIX-RIV-2400