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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069421

1. Corporation Name

JAL DEVELOPERS, INC.

Principal Place of Business

2558 NW 8 STREET
MIAMI FL 33135

Mailing Address

2558 NW 8 STREET
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

65-0776059

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

□ Yes

X No

2. Principal Place of Business

21 10876 SW 24 TERR

Suite, Apt. #, etc.

22

City & State

23 MIAMI FLA

Zip

24 33165

Country

25 DADC

2a. Mailing Address

26 10876 SW 24 TERR

Suite, Apt. #, etc.

27

City & State

28 MIAMI FLA

Zip

29 33165

Country

30 DADC

9. Name and Address of Current Registered Agent

LOSA, JOSE A SR
2558 NW 8 STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

LOSA, JOSE A SR

82 Street Address (P.O. Box Number is Not Acceptable)

10876 SW 24 TERR

83

84 City

MIAMI

FL

85 Zip Code

33165

11. Pursuant to the provisions of Sections 607.002 and 607.008, 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 printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JOSE A. LOSA SR

JAN 6 1999

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSE A. LOSA SR

1/6/99

305-223-8619

CR25024 (11/98)