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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT ~~1999~~ 2000

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

DOCUMENT # P97000094454

1. Corporation Name
J.J.A. DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
2601 SW 140TH AVE MIAMI FL 33175	2601 SW 140TH AVE MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1997

2. Principal Place of Business
21 P.O. Box 655253
22 Suite, Apt. #, etc.
23 City & State: Miami, FL
24 Zip: 33265 25 Country

2a. Mailing Address
26 P.O. Box 655253
27 Suite, Apt. #, etc.
28 City & State: Miami, FL
29 Zip: 33265 30 Country

4. FEI Number: 65-0791544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$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 ☒ No

9. Name and Address of Current Registered Agent

PENA, ANGEL
2601 SW 140TH AVE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 13655 SW 34 St. Rear
83
84 City: Miami FL 85 Zip Code: 33175

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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PENA, ANGEL		1.2 NAME		
STREET ADDRESS	2601 SW 140TH AVE		1.3 STREET ADDRESS	P.O. Box 655253	
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP	Miami, FL 33265	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	FELIX, DAISY		2.2 NAME		
STREET ADDRESS	2601 SW 140TH AVE		2.3 STREET ADDRESS	P.O. Box 655253	
CITY-ST-ZIP	MIAMI FL 33175		2.4 CITY-ST-ZIP	Miami, FL 33265	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	PEREZ, MARIA J		3.2 NAME		
STREET ADDRESS	2601 SW 140TH AVE		3.3 STREET ADDRESS	P.O. Box 655253	
CITY-ST-ZIP	MIAMI FL 33175		3.4 CITY-ST-ZIP	Miami, FL 33265	
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			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: X [signature] President 3-10-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #