## 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 # P97000102636 (2)

J.J. 13, INC.

Principal Place of Business

Mailing Address

**FILED** Mar 16 1998 8:00am Secretary of State



3. Date Incorporated or Qualified	E IN THIS SPACE
12/05/1997	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 65-079907	
Suite, Apt. #, etc. Suite, Apt. #, etc.  5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country B. This corporation owes or has p Personal Property Tax due Jur	
BERLANGA, JULIA 81 Name	
23044 SANDLEFOOT PLAZA DRIVE 82 Street Address (P.O. Box Number is Not Accepte	ible)
BOCA RATON FL 33428	
84 City	85 Zip Code
	FL
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accurately lambda from the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	purpose of changing its registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature, typod or printed name of registered agent and telle if applicable (NOTE Registered Agent signature required when reinstating)	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFF	
TITLE D DELETE 1.1 TITLE	Change Addition
NAME BERLANGA, JULIA 1.2 NAME	
STREET ADDRESS 23044 SANDLEFOOT PLAZA DRIVE 1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME BERLANGA, ARORA 2.2 NAME	
STREET ADDRESS 23044 SANDLEFOOT PLAZA DRIVE 2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33428 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	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	Change Addition
NAME STREET ADDRESS 4. 2 NAME 4. 3 STREET ADDRESS	☐ Change ☐ Addition
NAME         4. 2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CRTY-ST-ZIP         4.4 CITY-ST-ZIP	
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 ☐ 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           NAME         5.2 NAME	
NAME         4. 2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS	
NAME	☐ Change ☐ Addition
NAME	
NAME	☐ Change ☐ Addition

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.