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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000005318

1. Corporation Name

J & E INVESTMENT, INC.

Principal Plac	Mailing Address								
10442 NW 31S1	T TERRACE	10442 NW 31ST TERRACE							
MIAMI FL 33172		MIAMI FL 33172				DO NOT WRITE IN THIS SPACE			
	للأرابع الريايين للمنطوع المصوريات					3. Date Incorporated or Qualifed	10 317	<u></u>	
						01/20/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		ΠΔn	plied For
2. Principal P	lace of Business	2a. Mailing Address				65-0806217		<del>    -    </del>	t Applicable
21	4	26 Suite, Apt. #, etc.					\$	<del></del>	dditional
Suite, Apt.	#, etc.	<u>├</u> ╗				5. Certifcate of Status Desired	¥	Fee Re	<b>I</b>
22		City & State				6. Election Campaign Financing			<del></del>
City & Stat	le .	28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country				This corporation owes the current year		-	/
<del>_</del> '	· — ·	29	30	,		Personal Property Tax.		Yes	₩No
24	9. Name and Address of Curren		30	ľ		10. Name and Address of New Register	ed Age	nt	<del></del> -
	9. Italie and Address of Curren	t registeres rigeris		81	Name	10,			
SEG	OVIA, JAIME C								
10442 NW 31ST TERRACE				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
	MI FL 33172			83					
titi u									
				84	City		8:	5 Zip C	Code
				Ш		-		oging its	registered
11. Pursuant	to the provisions of Sections 607.050; registered agent, or both, in the State (	2 and 607.1508, Florida Sta of Florida. Such change wa	stutes, the a	pove i by	s-named co the corpora	propration submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointme	nt as re	gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505,	Florida Stat	utes.					
SIGNATURE						DATE			
	Signature, typed or printed name of registered agen			Agen	t signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS		IDECTO	IPS IN 12
12.		ID DIRECTORS	13. 1.1 Ti			ADDITIONS/CHANGES TO OFFICERS		Change	Addition
TITLE	PD INTEREST	("↑ DETELE							
NAME	SEGOVIA, JAIME C		1.2 N						
STREET ADDRESS	101121111111111111111111111111111111111			1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP		. <u> </u>		Change	Addition
TITLE	STD	STD DELETE		2.1 TITLE			ليا	Change	[_] Addition
NAME	Puerta, Elvira d		2.2 N	AME					
STREET ADDRESS	10442 NW 31ST TERRACE		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33172		2.40	ITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 T	īLE				Change	☐ Addition
NAME			3.2 N	AME					Ì
STREET ADDRESS			3.3 S	TREET	ADDRESS				Ì
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP				
TITLE		DELETE	4.1 T	TLE				Change	Addition
NAME		<u> </u>	4.21	IAME			ستنسد	<del></del>	<del></del>
STREET ADDRESS			4.3 S	TREET	ADDRESS				
				ITY-\$1					
CITY-ST-ZIP TITLE		DELETE					. [	Change	☐ Addition
NAME	Ì		5.2 N		1	•	:		
	,		1		TADDRESS	E A A A A A A A A A A A A A A A A A A A			·,·
STREET ADDRESS				ITY-S					
CITY-ST-ZIP TITLE		DELETE			<del></del>			Change	Addition
		DELETE	6.2 N	AMÉ				-	
NAME					TADDRESS				

14. I hereby certify that the information supplied with this filing does not quality 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 ampowered 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 adverses, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90015 032 \*\*\*150.00