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 # P98000012387

1. Corporation Name

J S P SURVEYORS, INC.

Principal Place of Business	Mailing Address
7805 SOUTHWEST 24TH STREET SUITE 100 MIAMI FL 33155	7805 SOUTHWEST 24TH STREET SUITE MIAMI FL 33155

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90087 049 ***158.75



Principal Place of Business Mailing Address					- 	SIIT BOIL DELD)	(1 1911) 1 48 1 1 681			
7805 SOUTHWEST 24TH STREET SUITE 100 7805 SOUTHWEST 24TH STRE MIAMI FL 33155 MIAMI FL 33155			STREET S	EET SUITE 100					0.00		
								DO NOT WR		SPACE	
								3. Date Incorporated or Qualifed 02/06/1998			
2. Principal Pl	ace of Business	2a. 1	Mailing Address					4. FEI Number			pplied For
21		26						65-0814030			ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			<u> </u>	_	5. Certificate of Status Desired	<u> X</u>		Additional
City & State	3	28	City & State					Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
Zip 24	Country 25	29	Zip	Co.	intry			This corporation owes the cur Personal Property Tax.	rent year In	itangible ☐ Yes	□No
	9. Name and Address of Curre		red Agent	1441	Г			10. Name and Address of New	Registered	Agent	
			-		81	Name					
PITA, JULIO SERGIO 7805 SOUTHWEST 24TH STREET SUITE 100					82	Street	Addre	ess (P.O. Box Number is Not Accept	able)		
MIAN	/II FL 33155				83				-		
					L						
					84	City			FL	85 Zip	Code
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	Such change was	authorized	1 bv	the corpo	corpo oratior	oration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appo	f changing its intment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered age	ent and tritle if a	pplicable. (NO	TE: Registered	l Ager	nt signature i	required	when reinstating)	DATE		
12.	OFFICERS AI	ND DIREC	TORS	13.				ADDITIONS/CHANGES TO O	FICERS A		
TITLE	PD		☐ DELETE	1.1 T	TLE					Change	Addition
NAME	PITA, JULIO SERGIO			1.2 N	1.2 NAME						
STREET ADDRESS	7805 SOUTHWEST 24TH STR	EET SUIT	IE 100	1.3 S	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33155			1.4 C	TY-5	T-ZIP	ļ				Addition
TITLE	VD		☐ DELETE	2.1 T						Change	☐ Addition
NAME	PITA, NATALIE MARIA	CCT CUM	TE 100	2.2 N							ľ
STREET ADDRESS	7805 SOUTHWEST 24TH STR	EEI SUII	IE 100			TADDRESS	ļ				(
CITY-ST-ZIP	MIAMI FL 33155		☐ DELETE	2. 4 C 3.1 T	_	ST-ZIP	 			[T] Change	☐ Addition
TITLE			□ bereie								
NAME				3.2 N		T ADDRESS					İ
STREET ADDRESS						T-ZIP					
CITY-ST-ZIP TITLE			DELETE	3.4. C	_	SI-ZIF	 			Change	Addition
NAME				4.21				•		_	
				1		TADDRESS					
STREET ADDRESS					ITY-5		1				
CITY-ST-ZIP TITLE			DELETE	5.1 T	_	i- Alf				☐ Change	Addition
NAME				5.2 N							*
STREET ADDRESS				5.3 S	TREE	T ADDRESS					Ī
CITY-ST-ZIP				5.4 C	пү-ѕ	T-ZIP					
TITLE			☐ OELETE	61T						Change	☐ Addition
NAME				6.2 N	AME						
STREET ADDRESS	/	ı		6.3 S	TREE1	T ADDRESS					
	//			640	ΠV. €	T-7!P					

14. 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 of supplier of that I am an officer or director of the corporation of 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 parallel and address, with all other like empowered.

SIGNATURE:

3-1-55

305-262.240Y