


**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90014 015 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000021921**

1. Corporation Name

JJJM III, INVESTMENT CORPORATION

Principal Place of Business

6910 SW 15 STREET  
STE 1  
POMPANO BEACH FL 33068

Mailing Address

6910 SW 15 STREET  
STE 1  
POMPANO BEACH FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

65-0818 908

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

SANCHEZ, DOLORES K ESO  
4701 N FEDERAL HWY  
STE 318  
LIGHTHOUSE POINT FL 33084

10. Name and Address of New Registered Agent

81 Name	Mathurin, Jinnie D.
82 Street Address (P.O. Box Number is Not Acceptable)	6910 SW 15th Ste 1
83 City	Pompano Beach
84 City	FL
85 Zip Code	33068

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

Jinnie D. Mathurin

(NOTE: Registered Agent signature required when reinstating)

DATE

6-2-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHURIN, JUSTIN J	
STREET ADDRESS	6910 SW 15TH ST, STE 1	
CITY-ST-ZIP	POMPANO BEACH FL 33068	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHURIN, JINNIE D	
STREET ADDRESS	6910 SW 15TH ST, STE 1	
CITY-ST-ZIP	POMPANO BEACH FL 33068	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Jinnie D. Mathurin  
Jinnie D. Mathurin

Date

4-28-99

Daytime Phone #

CR2E034 (11/98)