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 # P98000027767

1. Corporation Name

J.A.C. PROPERTY MANAGEMENT AND INVESTMENTS, INC.

			•				
Principal Place of Business	Mailing Address						
2531 S.W. 124TH AVE. MIAMI FL 33175	2531 S.W. 124TH AVE. MIAMI FL 33175						
, · · · · · · · · · · · · · · · · ·					DO NO		
					3. Date incorporated or Q		
					03/17/1998		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		
21	26				65-08241		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·			5. Certificate of Status Des		
22	27				0.		
City & State	City & State	-					
23	28				Trust Fund Contribution		
Zip Country	Zip		untry		 This corporation owes t 		
24 25	29	30			Personal Property Tax.		
9. Name and Address of Current Registered Agent					10. Name and Address of		
AMINIMA DEDDO D			81	Name			
MUNILLA, PEDRO R 1401 S.W. 1 STREET, STE. 210	0				Street Address (P.O. Box Number is Not		
MIAMI FL 33135			83		- APC		
			84	City	· · · · · · · · · · · · · · · · · · ·		
	07 0500 C07 4500 FI C		Ш				

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90036 026 ***150.00



Principal Plac	ce of Business	М	lailing Address				
2531 S.W. 124			31 S.W. 124TH AVE.				
MIAMI FL 3317	5	MI	AMI FL 33175				DO NOT WRITE IN THIS SPACE
							3. Date incorporated or Qualifed
							03/17/1998
9 Principal F	Place of Business	13-	. Mailing Address				4. FEI Number Applied For
Z. Fillicipai r	-lace of business	_ 	, Walling Address				65-0824066 Not Applicable
21 Suite Ant	# 010	26	Suite, Apt. #, etc.				\$8.75 Additional
Suite, Apt.	. #, etc.		Suite, Apr. #, etc.				5. Certificate of Status Desired Fee Required
22	•-	27	_City & State				
City & Sta		-=	City di State	- ڪيت			6 Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	+ 	28	Zip		intry		
Zip	Country	<u> </u>	Zip	_	nna y		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25	29	-4d At	30		·-··	10. Name and Address of New Registered Agent
	9. Name and Address of Curre	int Regis	sterea Agent		81	Name	10. Name and Address of New Neglistered Agent
LAI II	NILLA, PEDRO R				"	Maine	
	1 S.W. 1 STREET, STE. 210				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
	1 5.W. 1 51MEE1, 51E. 210 MI FL 33135				<u>_</u>		
MA	MI FL 33133				83		
					84	City	85 Zip Code
							. FL \
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florid	da. Such change was a	authonzed	עס נ	tne corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, typed or printed name of registered ag			E: Registered	Agen	t signature require	ed when reinstating) DATE
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 T	TLE		☐ Change ☐ Addition
NAME	DIAZ, CARIDAD E			1.2 N	AME		
STREET ADDRESS	2531 S.W. 124TH AVE.			1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175			1.4 C	TY-S	T-ZIP	
TITLE			☐ DELETE	2.1 T	TLE		☐ Change ☐ Addition
NAME				2.2 N	AME		-
STREET ADDRESS				2.3 S	TREET	ADDRESS	
	1					T-ZIP	
CITY-ST-ZIP TITLE			DELETE	_	TLE ≈:		- Ghange - Additi
				3.2 N	-		
NAME						t ADDDESS	
STREET ADDRESS	S.					ADDRESS	
CITY-ST-ZIP			□ DELETE	_		T-ZIP	☐ Change ☐ Additi
TITLE			☐ DELETE	4.1 T			_ Change
NAME				4.21			
STREET ADDRESS	5			4.3 S	TREET	T ADDRESS	
CITY-ST-ZIP				4.4 C	TY-S	T-ZIP	
TITLE			□ DELETE	5.1 T	TLE		☐ Change ☐ Additi
NAME				5.2 N	AME		
STREET ADDRESS	s			5.3 S	TREET	FADDRESS	
CITY-ST-ZIP				5.4 C	TY-S	T-ZIP	
5111 OI ER			□nelette	6.1 T	==	-	☐ Change ☐ Additi

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP