## 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 # P98000031711

1. Corporation Name

JARRIEL INVESTMENT CORPORATION

Principal Place	e of Business	Mailing Address			
22018 BOCA PI	LACE DRIVE	22018 BOCA PLACE DRI	VΕ		
STE 711 BOCA RATON FL 33433		STE 711 BOCA RATON FL 33433			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					04/07/1998
2. Principal P	lace of Business	2a. Mailing Address		•	4. FEI Number Applied For
	NW 28th WAY	26 -1881 NU	1284	LWMY	65-0826394 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional
22		27			Fee Required
City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be
20	A RATON, FE	28 BOCA RATON, FE		<u>′</u>	Trust Fund Contribution Added to Fees
Zip	Country	Zip		intry USA	8. This corporation owes the current year Intangible  Personal Property Tax    Yes   Wood
24 334	23	29 33434	30	usr	Personal Property Tax.
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Agent
AME	RILAWYER				
343 ALMERIA AVENUE CORAL GABLES FL 33134				82 Street	Address (P.O. Box Number is Not Acceptable)
				83	
				84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Stat	utes, the a	bove-named	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was	authorized	d by the corpo	oration's board of directors. I hereby accept the appointment as registered
	m jamiliar with, and accept the obligati	ons of, Section do 1.0303, F	IONUA GIAL	utos.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature r	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TI	TLE	PSTD
NAME	JARRIEL, ROBERT JOHN JR		1.2 N	AME	JARRIEL, ROBERT JOHN JR
STREET ADDRESS	22018 BOCA PLACE DR, STE 7	11	1.3 \$	TREET ADDRESS	MAM 41182 NN 184h
CITY-ST-ZIP	BOCA RATON FL 33433			TY-ST-ZIP	BOLA RATON, FZ 33434
TITLE		☐ DELETE	2.1 TI		☐ Change ☐ Addition
NAME			2.2 N		
STREET ADDRESS			2.3 5	TREET ADDRESS	
CITY-ST-ZIP			_	ITY-ST-ZIP	Change Addition
TITLE.	e de la companya de l	☐ DELETE	•	TLE	1 Unlarge D'Addition
NAME			3.2 N		•
STREET ADDRESS				TREET ADORESS	
CITY-ST-ZIP		□ DELETE	3.4. C	TY-ST-ZIP	Change Addition
TITLE		□ DECE IE	4.111		· ·
NAME	· ·				
STREET ADDRESS				TREET AODRESS	
CITY-ST-ZIP TITLE	· -	DELETE	4.4 C	TY-ST-ZIP TLE	Change Addition
NAME			5.2 N		
STREET ADDRESS	i l		5.3 \$	TREET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
OH 1-31-ZIF		□ per exe	6.1 TI		☐ Change ☐ Addition
TITLE		☐ DELETE	Q.1 II	,	, Grange Drassen

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 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

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90066 034 \*\*\*150.00