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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000070566

JML INVESTMENT CORP.

FILED Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90024 025 ***150.00



Principal Place of Business		Mailing Address		I iffeiffiet tin saies teite bare	: PEIII ABIII AGIII 1991, 1814, 1814, 1			
2129 NW 20 STREET		2129 NW 20 STREET						
MIAMI FL 33142		MIAMI FL 33142	MIAMI FL 33142		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualif	ed		
					08/15/1998			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	5111 A	oplied For	
21		26			65-0856		ot Applicable	
Suite, Apt. #, etc.		— — · · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
22		City & State			F. Flastica Compaign Financia		May Be	
City & State	e ·	28			6. Election Campaign Financia Trust Fund Contribution		to Fees	
23 Zip	Country	Zip	Cour	itry	8. This corporation owes the o	urrent year Intangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of Ne	w Registered Agent		
	DEC 100E 0			81 Name			ļ	
	RES, JOSE G		ŀ	82 Street Addre	ess (P.O. Box Number is Not Acce	eptable)		
	21-NW-41 PLACE			85 <u>6</u>	02 NW 19	8 Terr		
THIN	WI FL 33055-			63		_		
	:		ľ	84 City Lla	alanda	FL 85 Zip	Code	
11 Dumunt	to the provisions of Section 667	7 DEDO And 607 1508 Florida Sta	tutes the ah	ove-named corpo	pration submits this statement for t	he purpose of changing its	registered	
office or n	egistered agent, or both, in the S	State of Florida. Such change was	s authorized	by the corporatio	pration submits this statement for ton's board of directors. I hereby ac	cept the appointment as re	egistered	
agent. I a	m familiar with, and accept the o	bligations of Section 607.0505, I	rionda Statu	es.		4-10-9	,	
SIGNATURE	Signature, typed or printed name of registers	agent and title if applicable. (No	OTE: Registered	Agent signature required	d when reinstating)	DATE		6
12.	Signature, typed or printed name of registers OFFICER:	S AND DIRECTORS	OTE: Registered	Agent signature required	d when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND DIRECT	ORS IN 12	(00)
						DATE		(44,00)
12.	OF FICER:	S AND DIRECTORS	13.	.E		DATE OFFICERS AND DIRECT	ORS IN 12	(44,00)
12. TITLE	OFFICER: PD LOPEZ, JORGE 15573 SW 115 ST	S AND DIRECTORS	13. 1.1 TIT 1.2 NA	.E		DATE OFFICERS AND DIRECT	ORS IN 12	75034 744 (00)
12. TITLE	PD LOPEZ, JORGE	S AND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET AODRESS Y-ST-ZIP		DATE OFFICERS AND DIRECTI Change	ORS IN 12	(PDE024 (44 (00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICER: PD LOPEZ, JORGE 15573 SW 115 ST	S AND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT	LE ME REET AODRESS Y-ST-ZIP		DATE OFFICERS AND DIRECT	ORS IN 12	CD20034 (44 (00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICER: PD LOPEZ, JORGE 15573 SW 115 ST	S AND DIRECTORS DELETE	13. 1.1 TiT 1.2 NA 1.3 STI 1.4 CiT 2.1 TiT 2.2 NA	LE ME REET ADDRESS Y-ST-ZIP LE		DATE OFFICERS AND DIRECTI Change	ORS IN 12	CD2E024 (44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICER: PD LOPEZ, JORGE 15573 SW 115 ST	S AND DIRECTORS DELETE	13. 1.1 TiT 1.2 NA 1.3 STI 1.4 CiT 2.1 TiT 2.2 NA 2.3 STI	E ME MEET ADDRESS Y-ST-ZIP E ME MEET ADDRESS		DATE OFFICERS AND DIRECTI Change	ORS IN 12	CD2E034 (44 (09)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER: PD LOPEZ, JORGE 15573 SW 115 ST	S AND DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 .CIT	LE ME ME MEET ADDRESS Y-ST-ZIP ME MEET ADDRESS Y-ST-ZIP LE ME MEET ADDRESS Y-ST-ZIP ME ME MEET ADDRESS Y-ST-ZIP ME	ADDITIONS/CHANGES TO	DATE OFFICERS AND DIRECT Change Change	DRS IN 12 Addition Addition	VD20034 (44,000)
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14. I hereby certify that the information supplied with this ping 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 receiper 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: