PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095288

1. Corporation Name

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90025 015 ***150.00

JUANAL O	AMES GROUP, INC.								
Principal Place	of Business	Mailing Address				i (801100) jid ididi farii asiit	BOIRT OBEIT BOIRD S	AIS AITH II BAI	(BIN) IEN IEN
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						late Incorporated or Qualife	d		
						1/12/1998 El Number			plied For
	ace of Business	2a. Mailing Address			'			<u> </u>	t Applicable
21 514 E. Atlantic Ace 26 Same Suite Apt. #, etc. Suite, Apt. #, etc.						55-0876194		\$8.75 A	
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22 27						Instina Compoign Figureins			
23 Delray Bh, FL 28					l l	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Zip	Country			his corporation owes the cu	rrent vear Inta			
3348	Country . 83 25 US	29	30	•	1	Personal Property Tax.		X Yes	□No
24 3340	9. Name and Address of Current		1901			lame and Address of New	Registered .	Agent	
	V. Hallic allo Audioso v. outro		- 1	1 Name			-		
AME	RILAWYER		ļ.		James	D. Miner	-1-L1-V		
343	Almeria avenue .		18	Street A	Address (P.C 도 14 된	D. Box Number is Not Accept Atlantic A	table)		
COR	AL GABLES FL 33134		1	33					
			L					71 - 4	
			1	24 City	Delra	y Bh, 💯 -	FL	85 Zip 0	83
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes, the abo	ve-named	comoration c	submite this statement for th	e numose of	changing its	registered
office or re	egistered agent-or both, in the State o	of Florida. Such change was a	autnorizeo i	ov the corpo	oration's boar	rd of directors. I hereby acc	ept the appoir	ntment as re	gistered
agent. I år	m familiar with and accept the obligati	ions of, Section 607.0303, FR	onua Statut	BS.		7~	17-99 DATE		{
SIGNATURE	Signature, typed or printed name of registered agent	the state of the s	F Business d	gent signature re	nautred when rain	etating)	DATE		—— ì
		tand due if addiscable. (NO)	E: Registered A						
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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, opportunity and address, with all other like empowered.

SIGNATURE:

SAPATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR