

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90205 020 \*\*\*150.00

DOCUMENT # P98000107070

1. Corporation Name

J.M.R.E. INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13876 SW 56TH STREET SUITE 198 MIAMI FL 33175		Mailing Address 13876 SW 56TH STREET SUITE 198 MIAMI FL 33175	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
3. Date Incorporated or Qualified 12/28/1998		4. FFI Number Applied For	
5. Certificate of Status Desired		Applied For	
6. Election Campaign Financing Trust Fund Contribution		8. This corporation owes the current year Intangible Personal Property Tax.	
7. Additional Fee Required \$8.75		9. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
10. May Be Added to Fees \$5.00			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SANCHEZ, JORGE 13876 SW 56TH STREET SUITE 198 MIAMI FL 33175		81 Name 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	1.1 TITLE	
NAME	SANCHEZ, JORGE	1.2 NAME	
STREET ADDRESS	13876 SW 56TH STREET	1.3 STREET ADDRESS	13876 S.W. 56th, Suite 198
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	OCHOA, MARTA	2.2 NAME	SANCHEZ, MARTA
STREET ADDRESS	13876 SW 56TH STREET	2.3 STREET ADDRESS	13876 S.W. 56th, Suite 198
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Jorge Sanchez  
Jorge Sanchez  
3/6/99 (305) 986-2648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)