FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name S35912

(2)

Mailing Address

J.C. INVESTMENTS CORP.

FILED May 18 1998 8:00am Secretary of State



PO BOX 1440 CORAL GABL		PO BOX 144384 CORAL GABLES FL 3311	PO BOX 144384 CORAL GABLES FL 33114			
US		US			DO NOT WRITE IN THIS S	SPACE
					3. Date Incorporated or Qualified	
9 Principal I	Plane of Business	0-1100			03/06/1991	·· · · · · · · · · · · · · · · · ·
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite Apt # ste	Suite, Apt. #, etc.		65-0270593	Not Applicable
22					5. Certificate of Status Desired	\$8.75 Additional
City & State		· · · · · · · · · · · · · · · · · · ·	City & State			Fee Required
23		├ 7 *	28		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Count	n/	Trust Fund Contribution	Added to Fees
24	25	29	¬ '		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
241	9. Name and Address of Curr		130	·-· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered A	
						1gont
FALENU, UELEGIE						
	D1 COLLINS AVE. APT 941		8	2 Street	Address (P.O. Box Number is Not Acceptable)	
MIA	AMI BEACH FL 33140		la la	3		
			[*	٦'		
			8	4 City		85 Zip Code
44 6					<u>FL</u>	11.
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 proted name of regulated agest and till if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITU			Change Addition
NAME	FALERO, CELESTE		1.2 NAM	Ē		
STREET ADDRESS			1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY			
TITLE	100 1111 1111 1111 1111 1111 1111	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS				Et address :		
CITY-ST-ZIP	I - 1		2.4 CITY			
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	·		
TITLE		DELETE	4.1 TITLE		<u> </u>	Change Addition
NAME	•		4. 2 NAM		'	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP						
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NAME			5.1 THE			T sugges T VOORION
STREET ADDRESS						
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CITY-ST-ZIP TITLE		DELETE	5.4 City			Change I fiddition
		_ butter	6.1 TITLE		 	L Change L Addition
NAME OTROCT ADDRESS			6.2 NAM(
STREET ADDRESS				T ADDRESS	i	
CITY-ST-ZIP	partify that the information eurobod	with this filing doos not qualify t	6.4 CITY		od in Contine 110 07(9)(i) Elected Cyclester I feetbase	elf, that the left
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.						