

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

FILED

Jul 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V40230
1. Corporation Name

JUMAGA INVESTMENT, INC.
Principal Place of Business: 16001 COLLINS AVE
Midmi FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16001 COLLINS AVE 22 Suite, Apt. #, etc. 23 City & State 24 Midmi FL 33160 25 Zip 26 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/26/1992 4. FEI Number 65-0843355 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent GARAVITO, JOSE MIGUEL 16001 COLLINS AVE Midmi FL 33160	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (Date Registered Agent's signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE-ZIP RD GARAVITO, JOSE MIGUEL 16001 COLLINS AVE Midmi FL 33160 TITLE NAME STREET ADDRESS CITY-STATE-ZIP VSD GARAVITO, MARLENE P 16001 COLLINS AV Midmi FL 33160 TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP
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14. I hereby certify that the information submitted on this form 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, and that the corporation is not a corporation exempted from filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or if my name is not on the list.

SIGNATURE: _____ (Date Registered Agent's signature required when registering) _____ DATE: 7/1/98 3059472684

CR2E034 (10/97)

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Fountainhead Inn

16001 COLLINS AVENUE

MIAMI BEACH, FL 33160

PHONE: (305) 947-2684 • FAX (305) 354-4779

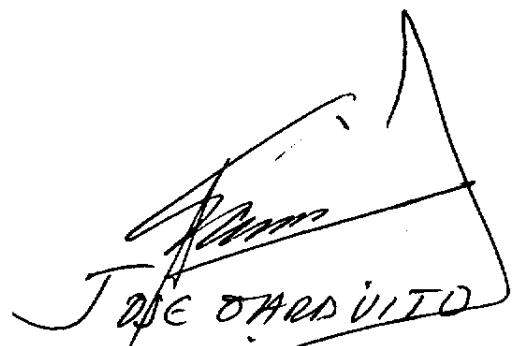
FLORIDA DEPARTMENT OF STATE

DEAR SIR:

IN SEVEN YEARS (7) WE ALWAYS PAID IN TIME
OUR TAXES. BUT WE DO NOT RECEIVED YOUR
"FIRST NOTICE" REPORT THIS YEAR. SO
PLEASE TAKE THIS IN CONSIDERATION &
ACCEPT OUR CHECK.

THANKS FOR YOUR TIME

Sincerely


JOSE OJEDA VITO
GENERAL MANAGER

