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

DOCUMENT # V40230

1. Corporation Name
JOMAGA INVESTMENT INC.

Principal Place of Business / Mailing Address
16001 COLLINS AVE
MIAMI FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16001 COLLINS AVE	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/26/1992	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0343355	☐ Applied For ☐ Not Applicable
City & State 23 MIAMI FL 33160	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 33160 / Country 25	Zip 29 / Country 30	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	

9. Name and Address of Current Registered Agent

GARAVITO, JOSE MIGUEL
16001 COLLINS AVE
MIAMI 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 **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 agent is a corporation) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GARAVITO JOSE MIGUEL	12 NAME	
STREET ADDRESS	16001 COLLINS AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	14 CITY-ST-ZIP	
TITLE	VSD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GARAVITO, MARLENE P	22 NAME	
STREET ADDRESS	16001 COLLINS AV	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33160	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***150.00

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 added to the report with an address.

SIGNATURE: _____ 7/1/98 3059472684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (10/97)

Fountainhead Inn
16001 Collins Avenue
Miami Beach, FL 33160
Phone: (305) 947-2684 • Fax (305) 354-4779

FLORIDO 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 CARRIVIO
GENERAL MANAGER