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

DOCUMENT # V66942 1. Corporation Name

JIETS INVESTMENTS CORP

Principal Place of Business

16501 N.E. 15TH AVE.
N. MIAMI BEACH FL 33162
US

Mailing Address

16501 N.E. 15TH AVE.
N. MIAMI BEACH FL 33162
US

FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90004 029 ***158.75



DO NOT WRITE IN THIS SPACE

00	•					3. Date Incorporated or Qualifed		
	•	技	 			09/24/1992		
2. Principal	Place of Business	2 2a	. Mailing Address		•	4. FEI Number		plied For
21		26		i I		65-0361258		t Applicable
Suite, Ap	ot. #, etc.	27	Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 A Fee Re	
City & St	nto	31	City & State			6. Election Campaign Financing	\$5.00	May Be
23	ate .	28	1	1		Trust Fund Contribution	Added to	•
Zip	Country Zip			Country	Country 8. This corporation owes the current year Intangible ,			
24	25 29 3			0	Personal Property Tax. ☐ Yes ☐ No		□No	
24	9. Name and Address of Currer					10. Name and Address of New Registered A	gent	
	Example Consider	7		81	Name			
IT.	ZHAK, EREZ		•	`		(S.O. San Marster in Net Appendable)		
	501 N.E. 15TH AVE.	7	1	. 82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	MIAMI BEACH FL 33162	1.5	i 1	83		一	10 . 21 - 24 1	31 300 23
, 14-		1			1	。		P1 (21)
		i,	/	84	City	<u> </u>	85 Zip C	Code "''
م√ے بر بیدر ہ		<i>i</i> .	1		<u> </u>	F L	hanging its	renistered
11. Pursua	nt to the provisions of Sections 607.050	02 and 6	507.1508, Florida Statutes	s, the above	e-named corp the corporation	oration submits this statement for the purpose of the on's board of directors. I hereby accept the appoint	tment as re	gistered
onice o	r registered agent, or both, in the State I am familiar with, and accept the obliga	ations of	f, Section 607.0505, Floric	da Statute	S.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	·	
SIGNATUR	/ / / / / /	<i></i>	フ			A~ 0. 47.		
SIGNATUR	Signature, typed or punted name of registered age		a it opposes		nt signature require	od when reinstating) DATE	D DIRECTO	DS IN 12
12.	OFFICERS AI	ND DIR		13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition
TITLE .	P	1	☐ DELETE	1.1 TITLE		(2) (2) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	□ Change	
NAME	ITZHAK, EREZ	ii		1.2 NAME		e e e e e	*	
STREET ADDRE	ss 16501 N.E. 15TH AVE.	Ä	1	1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	il i	·	1.4 CiTY-	ST-ZIP			
TITLE			□ DELETE	2.1 TITLE			Change	Addition
NAME	·			2.2 NAME		·		
STREET ADDRE	ss			2.3 STREE	T ADDRESS	-		
l*		٠.		2. 4 CITY-	ST-ZIP			
CITY-ST-ZIP		*	☐ DELETE	3.1 TITLE			Change	Addition
1			, –	3.2 NAME				
NAME)		i,			ET ADDRESS	, and the second se		
STREET ADDRE	SS WHOEVER IN A FO	1			ļ			4. 建化等。
CITY-ST-ZIP		.š		3.4, CITY-	SI-ZIP			Addition
TITLE		.4	□ nerete	4 4 7071 7			Change	
		1	☐ DELETE	4.1 TITLE			Change	
NAME			DELETE	4. 2 NAME	.	A STATE OF THE STA	· Change	
STREET ADDRE	SS Control		□ DELETE	4. 2 NAME			Change	
107 J. 35	SSS Company			4. 2 NAME 4.3 STREI 4.4 CITY-	ET ADDRESS ST-ZIP			. Additi-
STREET ADDRE	SSS Company		☐ DELETE	4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE	ET ADDRESS ST-ZIP		Change	Addition
STREET ADDRE	SSS Company of the co	**		4. 2 NAME 4.3 STREI 4.4 CITY-	ET ADDRESS ST-ZIP			☐ Addition
STREET ADDRE				4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP			Addition
STREET ADDRE				4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP		☐ Change	
STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP				4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP			
STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	iss .		☐ DELETE	4.2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	
STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	######################################		☐ DELETE	4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	☐ Addition
STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	######################################		☐ DELETE	4. 2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	

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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AN

. 2

99 3663548000 Daytime Phone #

2E034 (11/98)