FILED May 08, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 4000



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF COPPORATIONS

•	1999	DIVISION OF CC	/NI OR		03-06-1999 90009	011 150.0	,,,
DOCUM 1. Corporation	MENT # 392808	3					
JABIM	PORTERS, INC.						
5 G D 114	a Attential NAA.				1 100100 (1110 10110 (100) (100) (100) (100) (100)	ANS MORE BURNE BY MILE OF	EN BIBLI (BB)
Principal Place	e of Business	Mailing Address			# 100% AND THIS CONTRACT COURT OF SALE	ill memle blott blotf bl	#\$1 414 1\$ 1 48 1
11925 S.W. 128TH STREET P.O. BOX 161859 MIAMI FL 33186 MIAMI FL 33116-1859							
US					DO NOT WRITE IN TH	HIS SPACE	
					3. Date Incorporated or Qualifed		İ
					12/17/1971		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		olied For
21	· 	26			59-1378517		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	├ ──		5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & State	ė	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year		_
24	25 29 30		0		Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent	
				81 Name			
JOANNOU, BEN				82 Street A	ddress (P.O. Box Number is Not Acceptable)		
11925 S.W. 128TH STREET						******	
MIAN	AI FL 33186			83			
				84 City		85 Zip C	ode
				,		₹L (` \ `	1
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607.1508, Florida Statutes ite of Florida. Such change was auti gations of, Section 607.0505, Florid	, the at norized la Statu	ove-named c by the corpor ites.	corporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its pointment as reg	registered jistered
SIGNATURE					nuired when reinstating) DATE		
	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: R AND DIRECTORS	egistered 13.	Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.		AND DIRECTORS DELETE	1.1 111	1F T	ADDITIONS/OFFICERS	Change	Addition
TITLE	P P P P P P P P P P P P P P P P P P P	LJ DELETE	1.2 NA				_
NAME	JOANNOU, BEN SR.						Į
STREET ADDRESS	11925 SW 128TH ST			REET ADDRESS			
CITY-ST-ZIP	MIAMI FL	☐ DELETE	_	Y-ST-ZIP		Change	Addition
TITLE	V	□ pere ie	2.1 TII			sago	
NAME	GURDJIAN, JACQUES		2.2 NA	·· -	•		
STREET ADDRESS	=			REET ADDRESS		•	
CITY-ST-ZIP	MIAMI FL	(T per etc	_	TY-ST-ZIP			[] Addition
TITLE	T	☐ DELETE	3.1 TIT			L'1 Overige	
NAME	JOANNOU, BEN JR.		3.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	MIAMI FL		-	TY-ST-ZIP		Г Change	Addition
TITLE	S	☐ DELETE	4.1 ₹∏			L_I Change	
NAME	JOANNOU, CRYSTAL		4, 2 N	AME			
STREET ADDRESS	11925 SW 128TH ST		4.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CI	TY-ST-ZIP			

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.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

DELETE

☐ DELETE

Change

Change

Addition

Addition