FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H92412

(6)

JORDAD CORPORATION

Principal Place of Business

C/O A. F. ALENTADO & ASSOC.
1149 SW 27 AVE. #203

MIAMI FL 33135

Mailing Address

C/O A. F. ALENTADO & ASSOC. 1149 SW 27 AVE. #203 MIAMI FL 33135



MIRMITE GOIGS		MINTER LE VOLVO		 Date Incorporated or Qualified 12/27/1985 	d 3a. Date of Last Report 05/01/1995			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number			Applied For
21		26			59-2612444			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	–		5. Certificate of Status Desired		,	5 Additional Required
City & State		City & State	``		6. Election Campaign Financing \$5.00 May Be			
23		28,			Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Country		8. This corporation has liability for Horida Statutes	r intangible ta ⊧s No	x under s	s 199.032,
24	9, Name and Address of Curren	29 t Registered Agent	30	10. Name and Address of New Registered Agent				
	5. Hallo and Addiess of Carlon		81	Name				
HEVIA, J	IORGE							
1149 SW 27TH AVENUE STE. 301				82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FI			83					
(711/WIII [(E VVIVV			L				
			84	City		Fi	85 2	Zip Code
44 Discussion	o the provisions of Sections 607.0502	and 607 1509 Florida State	itos the above.	l named coroor	ration suborte this statement for the n	urnose of cha	naina its	registered office
or registere	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was author	ized by the corp	oration's boar	rd of directors. I hereby accept the ap	pointment as	registere	ed agent. I am
SIGNATURE	Signature, typed or printed name of registered agent	and to a Lappicable (f	NOTE: Registered Aqu	nt signature require	d when rainstating)	DATE		
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12
TITLE	ST	[]] DELETE	1. 1 TITLE] Change	Addition
NAME	SAIEH, EMMA		1.2 NAME					
STREET ADDRESS	1361 NE 118TH STREET		13 STREE	ADORESS				
CITY-ST-ZIP	MIAMI FL		1.4 C/TY-1	ST-ZIP				
TITLE	PD	DELETE	2 1 TITL F	···-			Change	Addition
NAME	SAIEH, SORAYA		2.2 NAME					
STREET ADDRESS	1250 NE 125TH ST. #301		2 3 STREE	I ADDRESS				
CITY-ST-ZIP	n miami fl		2 4 CHTY -					
TITLE	V	[] DELETE	3 1 TITLE	····			Change	Addition
NAME	SALVADOR, SAIEH		3.2 NAME		•			
STREET ADDRESS	12 STONE 125TH ST. #301			I ADDRESS				
	N. MIAMI FL		34 CITY-					
CITY - ST - ZIP		DELETE	4.1 HILE	Y			Change	Addition
NAME		<u> </u>	4.2 NAME			•		
STREET ADDRESS				1 ADDRESS				
			4.4 CITY -					
CITY-ST-ZIP THILE		T) DELETE	5 1 TITLE				Change	Addition
			5.2 NAME					
NAME CARGOS ADODECO			1	1 ADDRESS				
STREET ADDRESS								
CITY-ST-ZIF		☐ DELETE	5 4 CITY - 6 1 TITLE	51-714		r] Chang	e
TITLE		L. Detter				L		
NAME			62 NAME					
STREET ADDRESS				r Address				
CITY-ST-ZIP			6.4 CHY-	ST-ZIP	Total Control of the	(0.07/0\0.5°	wide Ot	hann likuatus
certify that	y certify that the information supplied the information indicated on this ann I am an officer or director of the corps Block 12 or Block 13 if changed, or	ual report or supplemental a pration or the receiver or trus	nnual report is ti stee empowered	ue and accura	ate and that my signature shall have t	ne same legal	errect as	s i! made unde

SIGNATURE: X Soraya Saich Signatury and type I on printed Name of Signing Officer on Director Sorayo of Society 430/96 (305) 8956778