


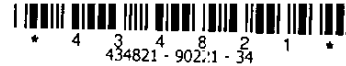
FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90019 022 ***150.00
 04-08-1999 90081 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **998000018342**

1. Corporation Name
JUST MEX, INC.



Principal Place of Business Mailing Address
7441 NW 8 St Unit H
Miami, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 2-23-98	4. FEI Number 65-0828608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 7441 NW 8 ST	2a. Mailing Address 26 Unit H
Suite, Apt. #, etc. 22 Unit H	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28
Zip 24 33126	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

Ilan Friedman
7441 NW 8 St. Unit H
Miami FL 33126

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Ilan Friedman	
STREET ADDRESS	7441 NW 8 St Unit H	
CITY-ST-ZIP	Miami FL 33126	
TITLE	MARIA L. PRIETO (V,D)	<input type="checkbox"/> DELETE
NAME	MARIA L. PRIETO (V,D)	
STREET ADDRESS	7441 NW 8 ST UNIT H	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	CLARA FRIEDMAN (S,D)	<input type="checkbox"/> DELETE
NAME	CLARA FRIEDMAN (S,D)	
STREET ADDRESS	7441 NW 8 ST UNIT H	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	MARIA L. DE FERNANDEZ (T,D)	<input type="checkbox"/> DELETE
NAME	MARIA L. DE FERNANDEZ (T,D)	
STREET ADDRESS	7441 NW 8 ST UNIT H	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: _____ Date _____ Daytime Phone # _____
Signature and typed or printed name of signing officer or director
Ilan Friedman

CR2E034 (11/98)