

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90180 036 \*\*\*158.75

DOCUMENT # 489059

1. Corporation Name  
JACARANDA, INC.

Principal Place of Business  
16301 N.W. 15TH AVENUE  
MIAMI FL 33169  
US

Mailing Address  
16301 N.W. 15TH AVENUE  
MIAMI FL 33169  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1975

4. FEI Number

59-1636020

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ADMIRE, JOHN G.  
2511 PONCE DE LEON BLVD  
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name Patrick Barthet  
82 Street Address (P.O. Box Number is Not Acceptable)  
200 S. Biscayne Blvd. Suite 1800  
83 Miami, Florida 33131  
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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOSHIMA, SADA0	
STREET ADDRESS	16301 N.W. 15TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	WHITTELSEY, DANIEL C	
STREET ADDRESS	204 H STREET	
CITY-ST-ZIP	MOUNTAIN LAKE PARK MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITTELSEY, THOMAS F	
STREET ADDRESS	7530SW 141 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TOMIBE, HISASHI	
STREET ADDRESS	16301 N.W. 15TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITTELSEY, MARI	
STREET ADDRESS	7350 SW 141 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JI, HIROMU	
STREET ADDRESS	16301 N.W. 15TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33169	

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	10650 S.W. 68th Avenue
3.4 CITY-ST-ZIP	Pinecrest, Florida 33156
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	10650 S.W. 68th Avenue
5.4 CITY-ST-ZIP	Pinecrest, Florida 33156
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

3/25/99

Date

Daytime Phone #

CR2E034 (11/98)