

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000028392

**Entity Name:** JDS JUICES, DELIVERIES & SERVICES, INC.

**Current Principal Place of Business:**

C/O RAUL J. SALAS 201 S. BISCAYNE BLVD.  
1500 MIAMI CENTER  
MIAMI, FL 33131

**Current Mailing Address:**

C/O RAUL J. SALAS 201 S. BISCAYNE BLVD.  
1500 MIAMI CENTER  
MIAMI, FL 33131

**FEI Number:** 65-0993084

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD. 1500 MIAMI CENTER  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                 |                 |                  |
|-----------------|---------------------------------|-----------------|------------------|
| Title           | DPT                             | Title           | DVS              |
| Name            | MARTI DE PRADO, JUANA R         | Name            | PRADO, FRANCISCO |
| Address         | 31 SANFORD DRIVE                | Address         | 31 SANFORD DRIVE |
| City-State-Zip: | NEWARK DE 19713                 | City-State-Zip: | NEWARK DE 19713  |
|                 |                                 |                 |                  |
| Title           | D                               |                 |                  |
| Name            | PARODI, CARLOS A                |                 |                  |
| Address         | 3 DE FEBRERO 1771, PISO 3       |                 |                  |
| City-State-Zip: | BUENOS AIRES, ARGENTINA 1426 AL |                 |                  |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUANA MARTI DE PRADO

DPT

05/20/2015

Electronic Signature of Signing Officer/Director Detail

Date