PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 04, 1999 8:00 am Secretary of State

05-04-1999 90179 013 ***150.00

DOCU! 1. Corporation JACOI					
Principal Place	of Business	Mailing Address		# 100581 01114 TOLIN 11016 COLOL DITOR 1111 DIDI. BIO	IN MARKA MARKA MARKA MARKA MARKA
10998 SW 104TH STREET 9260 SUNSET DR.					
MIAMI FL 33176 SUITE 206					
U\$		MIAMI FL 33173		DO NOT WRITE IN THIS S	SPACE
		US		3. Date Incorporated or Qualifed	
		2a. Mailing Address		11/02/1978 4. FEI Number	Applied For
2. Principal Place of Business			8540	59-1860953	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75.Additional
22	7,00.	27		5. Certificate of Status Desired	Fee Required
City & State City & State		City & State	-1	6. Election Campaign Financing	\$5.00 May Be
23		28 Miami, Florida		Trust Fund Contribution	Added to Fees
Zip Country		Zip	Country	8. This corporation owes the current year Inta	ngible 🗸
24	25	29 33255-85463	o USA	1 ordeniari reporty vers	Yes No
_	9. Name and Address of Current	Registered Agent	12.1	10. Name and Address of New Registered A	<u>ige</u> nt
CADI	DIA TODOE A		81 Name		
SARRIA, JORGE A.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	_
8405 MILLER DR. MIAMI FL 33155					
1416714	II 1 L 33133		83		
			84 City	FL	85 Zip Code
		1005 4505 Et 31 50 bit		propration submits this statement for the purpose of	handing its registered
11. Pursuant to the provisions of Section's Section's 201.0302 and 607.1306, Florida Statutes, the above-trained 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		13.	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	PD	☐ DELETÉ	1.1 TITLE		
NAME	SARRIA, JORGE		1.2 NAME	·	
STREET ADDRESS	8405 MILLER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	ST CARRIA IORCE		2.1 TITLE		
NAME	SARRIA, JORGE 8405 MILLÉR DRIVE		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL 33155		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	MIAMITE 33133	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	le es	☐ DELETE	6.1 TITLE		
NAME .			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			6.4 CITY-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.

SIGNATURE:

= ::