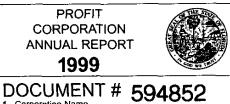
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name EL JEFE, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90018 025 ***150.00

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Principal Place of Business Mailing Address								
1900 SUNSET I		1900 SUNSET HARBOUR	DR			والمستعلقة والمناسفين المتابية		
#1609; ::: :: :::::::::::::::::::::::::::::		#1608 MIAMI BCH FL ² 33139 `` * *			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed			
						12/20/1978		
2. Principal P.	lace of Business	2a. Mailing Address				4. FEI Number Service State of Applied For		
21		26				59-1955797		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & Stat	e	City & State				6. Election Campaign Financing S5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Co	untry		8. This corporation owes the current year intangible		
24	25	29	30			Personal Property Tax. Yes No		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent		
		· ———		81	Name	,		
OLIVA, RUBEN ESQ.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	SW 3RD AVE		Julie Circum					
3RD FLOOR				83				
MIAMI FL 33129				84	City	■ 85 Zip Code		
		-		04	City	FL 85 ZIP.Code		
i office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was ations of, Section 607.0505, Fl	autnonze orida Sta	ed by atutes	the corporation.	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
0.0	Signature, typed or printed name of registered age				t signature require	ad when reinstating) DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE		TITLE		☐ Change ☐ Addition		
NAME	AGRA, LEONEL		1.21	NAME				
STREET ADDRESS	1900 SUNSET HARBOUR DR.	#1608	1.3 9	STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 (CITY-S	T-ZIP			
TITLE	S	☐ DELETE	2.1 1	TITLE	-	☐ Change ☐ Addition		
NAME	AGRA, CONNIE		2.21	NAME				
STREET ADDRESS	1900 SUNSET HARBOUR DR.	#1608	2.3 9	STREET	FADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139	·	2. 4	CITY-S	T-ZIP			
TITLE		☐ DELETE	3,1	TITLE		☐ Change ☐ Addition		
NAME			3.21	NAME				
STREET ADDRESS			3.3 9	STREET	ADDRESS	•		
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1	TITLE		☐ Change ☐ Addition		
NAME			4. 2	NAME				
STREET ADDRESS			4.3	STREET	ADDRESS			

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change

☐ Addition

Addition