

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90261 021 ***150.00

DOCUMENT #

1. Corporation Name

F88553

(5)

JONKER INTERNATIONAL USA INC.

Principal Place of Business

Mailing Address

7600 RED ROAD SUITE 102
SOUTH MIAMI, FLORIDA
33143 US

2222 PONCE DE LEON BLVD
PENTHOUSE SUITE
CORAL GABLES, FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/28/1982

4. FEI Number

59-2707973

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

2. Principal Place of Business

21 7600 RED ROAD

Suite, Apt. #, etc.

22 SUITE 104A

City & State

23 SOUTH MIAMI, FL

Zip

24 33143

25

Country

2a. Mailing Address

26 2222 PONCE DE LEON BLVD

Suite, Apt. #, etc.

27 PENTHOUSE SUITE

City & State

28 CORAL GABLES, FL

Zip

29 33134

Country

30

9. Name and Address of Current Registered Agent

SCHREIBER, GERHARDT A.
2222 PONCE DE LEON PENTHOUSE SUITE
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name

GERHARDT A. SCHREIBER

82 Street Address (P.O. Box Number is Not Acceptable)

2222 PONCE DE LEON BLVD

83

PENTHOUSE SUITE

84 City

CORAL GABLES, FL

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 ☐ DELETE

NAME
VD
VIDAL, JOSEPH A
STREET ADDRESS
16 W. SUNRISE AVE
CITY-ST-ZIP
CORAL GABLES, FL

TITLE ☐ DELETE

NAME
PD
VIDAL, JOSEFINA Y
STREET ADDRESS
16 WEST SUNRISE AVE
CITY-ST-ZIP
CORAL GABLES, FL

TITLE ☐ DELETE

NAME
ASSISTANT SECRETARY/D
STREET ADDRESS
VIDAL, VANESSA R.
CITY-ST-ZIP
16 WEST SUNRISE AVE.
CORAL GABLES, FL

TITLE ☐ DELETE

NAME
VP
STREET ADDRESS
ZAWADZKI, RODRIGO
CITY-ST-ZIP
7635 S.W. 146 CT
MIAMI, FLORIDA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Joseph VIDAL

4/22/99

Date

305
661/422

Daytime Phone #

CR2E034 (11/98)