PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L84042

1. Corporation Name

JORO OF MIAMI, INC.

Mailing Address Principal Place of Business 8780 N.W. 102ND STREET 8780 N.W. 102ND STREET MEDLEY FL 33178 MEDLEY FL 33178

FILED Mar 12, 1999 8:00 am **Secretary of State**

03-12-1999 90013 041 ***150.00 03-12-1999 90013 042 *****8.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/28/1990 4. FEI Number Applied For 2. Principal Place of Business Mailing Address 2a. Not Applicable 13-3577217 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. X 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEVINSON, EDWARD E. Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD, PENTHOUSE EAST MIAMI BEACH FL 33139 83 85 Zip Code City 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. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE ☐ Change ☐ Addition 1 1 TITLE TITLE RUBINSTEIN, ROBERT NAME 8780 N.W. 102ND STREET 1.3 STREET ADDRESS STREET ADDRESS **MEDLEY FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2,1 TITLE TITLE SD RUBINSTEIN, JON 2.2 NAME NAME 8780 N.W. 102ND STREET 2.3 STREET ADDRESS STREET ADDRESS **MEDLEY FL** 2. 4 CITY-ST-ZIP CITY ST-ZIP ☐ Addition ☐ Change DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 external with an address, with all other like empowered.

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SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)