

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90041 046 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05172

1. Corporation Name
J. A. DE LIMA, INC.

Principal Place of Business
C/O SHELDON EVANS, P.A.
6175 N.W. 153RD STREET, SUITE 215
MIAMI LAKES FL 33014

Mailing Address
C/O SHELDON EVANS, P.A.
6175 N.W. 153RD STREET, SUITE 215
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1984

4. FEI Number

65-0136673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 6175 N.W. 153rd St.

2a. Mailing Address

26 6175 N.W. 153rd St.

Suite, Apt. #, etc.

22 Suite 312

Suite, Apt. #, etc.

27 Suite 312

City & State

23 Miami Lakes, FL

City & State

28 Miami Lakes, FL

Zip

24 33014

Country

25 US

Zip

29 33014

Country

30 US

9. Name and Address of Current Registered Agent

EVANS, SHELDON
6175 N.W. 153RD STREET
SUITE 215
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name Evans, Sheldon

82 Street Address (P.O. Box Number is Not Acceptable)
6175 N.W. 153rd Street

83 Suite 312

84 City

Miami Lakes,

FL

85 Zip Code
33014

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. 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 VS
NAME DE LIMA RODRIGUEZ, JOSE
STREET ADDRESS 11522 S.W. 81 RD
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE PD
NAME DE LIMA JOUANEN, EDUARDO
STREET ADDRESS 11522 S.W. 81 RD
CITY-STATE-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VS
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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

JOSE DE LIMA RODRIGUEZ, VICE PRESIDENT

4/9/99

Date

Daytime Phone #

CR2E034 (11/98)