FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 .

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P92000010348 (0)**

1. Corporation Name

JORBEL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2955 SW 8TH ST STE. #203 MIAMI FL 33135	2955 SW 8TH ST STE. #203 MIAMI FL 33135

3. Date Incorporated or Qualified: **12/08/1992**

3a. Date of Last Report: **05/20/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: **65-0363130** ☐ 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

9. This corporation has liability for corporate tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RIOS, BEATRIZ
2955 SW 8TH ST
STE - 203
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: BEATRIZ RIOS

82 Street Address (P.O. Box Number is Not Acceptable): 1400 SIENA AV.

83

84 City: Coral Gables FL 85 Zip Code: 33146

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: (Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	RIOS, BEATRIZ	12 NAME	
STREET ADDRESS	1400 SIENA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	14 CITY-ST-ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, LADY	22 NAME	
STREET ADDRESS	1400 SIENA AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, TABATA	32 NAME	
STREET ADDRESS	1400 SIENA AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	EXPOSITO, JANET	42 NAME	
STREET ADDRESS	1400 SIENA AV	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

YW

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: Beatriz Rios 1-25-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) 669402 (Florida Bank #)

0143457 CP