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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90281 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000042774

1. Corporation Name
JYL CORP.

Principal Place of Business Mailing Address

12747 SW 40ST 14309 SW 54 ST POST OFFICE BX 651630 and 12747 SW
339 MIAMI FL 33175 MIAMI FL 33265 Bird Road # 339
MIAMI FL 33175 Miami FL 33175 US. Miami FL 33175



DO NOT WRITE IN THIS SPACE

| | | | | |
|---------------------------------|--------------------------------------|---|--|----------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 14309 SW 54 ST | 26 12747 Bird Road / P.O. Box 651630 | 06/16/1993 | 65-0417357 | Not Applicable |
| 22 Suite, Apt. #, etc. Miami #1 | 27 # 339 | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State Miami FL | 28 Miami FL 33265 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip 33175 Country U.S. | 29 Zip 33175 Country U.S.A | 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

EGUES, ROBERTO
12747 SW 40 ST → 12747 Bird Road
#339
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name Egues Roberto
82 Street Address (P.O. Box Number is Not Acceptable) 12747 SW Bird Road
83 # 339
84 City Miami FL 85 Zip Code 33175

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]* DATE 1-6-98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--------------------------|
| TITLE | D | 1.1 TITLE | Change Addition |
| STREET ADDRESS | EGUES, ROBERTO 12747 SW 40ST #339 12747 Bird Road | 1.2 NAME | 54L Corporation |
| ST-ZIP | MIAMI FL 33175 # 339 | 1.3 STREET ADDRESS | 12747 SW BIRD ROAD # 339 |
| | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | Miami FL 33175 |
| STREET ADDRESS | Egues Roberto | 2.1 TITLE | Change Addition |
| ST-ZIP | 12747 Bird Road # 339 | 2.2 NAME | |
| | Miami FL 33265 | 2.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | |
| STREET ADDRESS | | 3.1 TITLE | Change Addition |
| ST-ZIP | | 3.2 NAME | |
| | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS | |
| STREET ADDRESS | | 3.4 CITY-ST-ZIP | |
| ST-ZIP | | 4.1 TITLE | Change Addition |
| | <input type="checkbox"/> DELETE | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| ST-ZIP | | 4.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> DELETE | 5.1 TITLE | Change Addition |
| STREET ADDRESS | | 5.2 NAME | |
| ST-ZIP | | 5.3 STREET ADDRESS | |
| | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | |
| STREET ADDRESS | | 6.1 TITLE | Change Addition |
| ST-ZIP | | 6.2 NAME | |
| | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS | |
| STREET ADDRESS | | 6.4 CITY-ST-ZIP | |
| ST-ZIP | | | |

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]* DATE 1-6-98 DAYTIME PHONE # (305) 283-7024 (305) 559-7567 (305) 480-9411

CR2E034 (1/198)