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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000004191 (0)**

1. Corporation Name

JOREDD CORPORATION

Principal Place of Business	Mailing Address
445 HIALEAH DRIVE HIALEAH FL 33010	445 HIALEAH DRIVE HIALEAH FL 33010

2. Principal Place of Business 21 445 E. Hialeah Dr. 22 Suite, Apt. #, etc. 23 City & State: Hialeah Fl 24 Zip: 33010 25 Country: Dade	2a. Mailing Address 26 445 E. Hialeah Dr. 27 Suite, Apt. #, etc. 28 City & State: Hialeah Fla. 29 Zip: 33010 30 Country: Dade

3. Date Incorporated or Qualified: 01/10/1994	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0464217	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

JIMENEZ, JORGE L
445 HIALEAH DR.
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name: Eddy Romaguera
82 Street Address (P.O. Box Number is Not Acceptable): 445 E. Hialeah Drive
83
84 City: Hialeah FL 85 Zip Code: 33010

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: _____ DATE
(Signature, typed or printed name of registered agent and title of officer) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROMAGUERA, EDDY		1.2 NAME	
STREET ADDRESS	445 HIALEAH DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		1.4 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JIMENEZ, JORGE L		2.2 NAME	
STREET ADDRESS	445 HIALEAH DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	700001880707
STREET ADDRESS			5.3 STREET ADDRESS	-07/01/96--01043--032
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***225.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: Eddy H. Romaguera 5-24-96 887-0681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)