

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P94000071461**

1. Corporation Name
JENN-BO, INC.

Principal Place of Business
**1999 SW FIRST STREET
MIAMI FL 33135**

Mailing Address
**1999 SW FIRST STREET
MIAMI FL 33135**

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90015 007 ***150.00

04-25-1999 90015 008 *****8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1994

4. FEI Number

65-0529848

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TORRES, MARCIAL
1999 SW 1ST ST
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
LOPEZ, JUANA M.
1999 SW 1ST ST
MIAMI FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
DE LA VEGA, IVONNE
1999 SW 1ST ST
MIAMI FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
TORRES, MARCIAL
1999 SW 1ST ST
MIAMI FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
BRAVO, MAYORYN
1999 SW 1ST ST
MIAMI FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
TORRES, GABRIEL
1999 SW 1ST ST
MIAMI FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 change, or on an attachment with an address, with all other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVONNE DE LA VEGA

Date

Daytime Phone #

04/10/99 305-541-

4544

CR2E034 (1/98)