FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90145 044 ***150.00

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

PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000013714

7. Corporado	n Name						
J.J. GOI	LD INC.						
Drinning Dis		NA '0' - A 1 1					
Principal Place of Business Mailing Address							
18200 NW 29 AVE. 12027 GLENMORE DR MIAMI FL 33015 CORAL SPRINGS FL 3307			71				
US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					02/17/1995		
_	Place of Business	2a. Mailing Address		,	4. FEI Number	Applied	f For
21 Suita Ant	# at-	26			65-0556510		plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Addit	
City & Stat	te	City & State			6. Election Campaign Financing		
23		28			Trust Fund Contribution	\$5.00 May Added to Fe	es es
Zip	Country	Zip	Count	у	8. This corporation owes the current year Inte	/	
24	25	29	30		Personal Property Tax.	Yos □N	lo
	9. Name and Address of Curre	ent Registered Agent		.1	10. Name and Address of New Registered	Agent	
) FF	SUNG K		8	1 Name			
12027 GLENMORE DR			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33071			8	2			
			Ľ	1			
			8-	4 City	FL	85 Zip Code	!
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the abo	ve-named co	progration submits this statement for the purpose of	changing its regis	stered
oπice or r agent. I a	egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Fl	authorized b orida Statute	y the corpora s.	ation's board of directors. I hereby accept the appoir	ntment as register	red
SIGNATURE							
42	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS			ent signature requ	uired when reinstating) DATE		
TITLE	PD	DELETE		-	ADDITIONS/CHANGES TO OFFICERS AN		N 12 Addition
NAME	LEE, KI S		: 1.1 TITLE 1.2 NAME			□ outride /] Addition
STREET ADDRESS	12027 GLENMORE DR			ET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-				
TITLE	STD	☐ DELETE	2.1 TITLE	5, Zi		☐ Change ☐	Addition
NAME			2.2 NAME				- }
STREET ADDRESS	12027 GLENMORE DR		2.3 STREE	ET ADDRESS	-	. ~	
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE 3.1				Change	Addition
NAME			3.2 NAME				Ì
STREET ADDRESS			3.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			3,4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐	Addition
NAME			4. 2 NAME		•		ł
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-1	ST-ZIP			1 6 4 4 4 4 4 4 4
NAME			5.1 TITLE 5.2 NAME			☐ Change ☐	Addition
STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-5				
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐	Addition
NAME			6.2 NAME				
l l				TADDRESS			

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.

6.4 CITY-ST-ZIP

<u>sident (305)624-4074</u>

<u>1/19</u>/99