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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000025352 (2)

A. JIMENEZ CORPORATION

FILED Apr 28 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	Mailing Address			
10501 SW 52 ST		10501 SW 52 ST				
MIAMI FL 331	165	MIAMI FL 33165	MIAMI FL 33165			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						03/27/1995
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26	26			65-0612120 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27	<u></u>			Fee Required
City & Stat	е	├── ─ ┐ ′	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	Zip	<u> </u>	Country '		8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Curi	29 rent Registered Agent	30	4		10. Name and Address of New Registered Agent
40.	MENEZ, ANDRES			81	Name	
	501 SW 52 ST			-	Dr	(0.0.0
	AMI FL 33165		82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)
******	WIII 7 E 00 100			83		
				84	City	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 run et of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Output DATE						
12,		AND DIRECTORS	13.	i Ky o	rit signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TI	TLE		☐ Change ☐ Addition
NAME	JIMENEZ, ANDRES		1.2 N/	1.2 NAME		
STREET ADDRESS	10501 SW 52 ST		1.3 ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		1.4 CI	1Y-S	I-ZIP	
TITLE	Ď	☐ DELETE	2.1 TI	ìLE		☐ Change ☐ Addition
NAME	JIMENEZ, ARIS		2.2 NAME			
STREET ADDRESS	10501 SW 52 ST		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165				ST - ZIP	
TITLE	D	DELETE 3.		TLE		Change Addition
NAME	3		3.2 N/			
STREET ADDRESS	10001 010 100 100				ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	DELETE			ST-ZIP	Channel Talanta
TITLE		☐ DELET e	4.1 (1)			☐ Change ☐ Addition
NAME ATOSET ADORESS			4.2 N		*DDBECC	
STREET ADORESS					ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CI 5.1 TI		1-Zir	Change Addition
NAME		<u></u>	5.2 N/			La Visingo La ridinori
STREET ADDRESS					ADDRESS	
CITY-\$T-ZIP						
TITLE	DELETE			5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME			
STREET ADDRESS	•				ADDRESS	
CITY-ST-ZIP			6.4 CI			
44 11 1		1 24 27 CE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Continue (40 07/2)(i) Floring Citatutes Leather sentify that the information

I hereby certify that the information supplied with this filling 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.