PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000 1. Corporation Name A. JIMENEZ CORPORATION	0025352					
Principal Place of Business	Mailing Address		- -	-{		
10501 SW 52 ST	10501 SW 52 ST					
MIAMI FL 33165	MIAMI FL 33165					
				DO NOT WRITE IN T 3. Date Incorporated or Qualified	HIS SPACE	
				03/27/1995		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21	26			65-0612120		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
City & State City & State		, q , <u> </u>	·	1. /		
23 City & State		•		6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
Zip Country	Zip	Country		8. This corporation owes the current year		
24 25		30		Personal Property Tax.		□No
9. Name and Address of Curre				10. Name and Address of New Registe	red Agent	
WATER ANDREO		81 N	ame			
JIMENEZ, ANDRES		82 S	reet Addre	ess (P.O. Box Number is Not Acceptable)		
10501 SW 52 ST						
MIAMI FL 33165	•	83				
		84 C	ty	-4 11 2	85 Zip C	ode
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE	02 and 607.1508, Florida Statute of Florida. Such change was au ations of, Section 607.0505, Flori	s, the above-na thorized by the ida Statutes.	corporation	oration submits this statement for the purposin's board of directors. I hereby accept the ap	e of changing its i ppointment as reg	registered gistered
Signature, typed or printed name of registered an	ent and title if applicable (NOTE:	Registered Agent sign	ature required	when reinstating) DAT(_	
Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent sign	ature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS		RS IN 12
Signature, typed or printed name of registered ag			ature required			RS IN 12
Signature, typed or printed name of registered ag 12. OFFICERS A	ND DIRECTORS	13.	ature required		S AND DIRECTO	
Signature, typed or printed name of registered eg 12. OFFICERS A TITLE D	ND DIRECTORS	13.			S AND DIRECTO	
Signature, typed or printed name of registered eg 12. OFFICERS A TITLE D NAME JIMENEZ, ANDRES	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			S AND DIRECTOI	☐ Addition
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CITY-ST-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 suppliemental 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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90061 026 ***150.00

Daytime Phone #