

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000052137 (3)

1. Corporation Name
JODNO SA, INC.



Principal Place of Business

8302 N.W. 14TH STREET
MIAMI FL 33126

Mailing Address

8302 N.W. 14TH STREET
MIAMI FL 33126

2. Principal Place of Business

21 8266 NW 14 STREET
Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

24 Zip Country
33126 USA

2a. Mailing Address

26 8266 NW 14 STREET
Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL

29 Zip Country
33126 USA

3. Date Incorporated or Qualified
07/06/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0597744

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

ACEVEDO, ARMANDO G
8302 N.W. 14TH STREET
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

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

8266 NW 14 STREET

84 City

MIAMI

FL

85 Zip Code

33126

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

(Sign, print, type or print name of registered agent and the following)

(Print Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

DIRECTOR + PRESIDENT
ESPINOSA, MIGUEL E.
8266 NW 14 STREET
MIAMI, FL 33126

☒ Change ☐ Addition

2. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

DIRECTOR, Secty / TREASURER
ACEVEDO, ARMANDO G.
8266 NW 14 STREET
MIAMI, FL 33126

☐ Change ☒ Addition

3. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

4. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

5. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

6. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

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)(k), 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:

Armando G. Acevedo
Secty / Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 (312) 577-4573
Date Daytime Phone #

CR2E034 (12/95)