

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

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90128 020 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/12/1995
4. FEI Number 65-0594176
5. Certificate of Status Desired
6. Election Campaign Financing
8. This corporation owes the current year Intangible Personal Property Tax.

DOCUMENT # P95000053702
1. Corporation Name JONAT IMPORT & EXPORT INC.

Principal Place of Business 9492 N.W. 48TH ST. SUNRISE FL 33351
Mailing Address 9492 N.W. 48TH ST. SUNRISE FL 33351

2. Principal Place of Business
2a. Mailing Address
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip Country
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
MIGLIORE, CARMELO
9492 N.W. 48TH ST.
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 Carmelo Migliore Jan 06, 1999

12. OFFICERS AND DIRECTORS
TITLE PD
NAME MIGLIORE, CARMELO
STREET ADDRESS % 9492 N.W. 48TH ST.
CITY-ST-ZIP SUNRISE FL 33351

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4. 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.

SIGNATURE: [Signature] 01/06/99 (954)749 5795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (1/198)