

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90158 008 ***150.00

DOCUMENT # P95000060675

1. Corporation Name

J.N.K. EXPORT CORPORATION

Principal Place of Business

2130 NW 190 AVE
PEMBROKE PINES FL 33029

Mailing Address

2130 NW 190 AVE
PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1995

4. FEI Number
65-0600299

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 20573 SW 1 Street
Suite, Apt. #, etc.

2a. Mailing Address

26 20573 SW-1 Street
Suite, Apt. #, etc.

22 City & State

23 Pembroke Pines, FL

24 33029 25 U.S.A.

27 City & State

28 Pembroke Pines, FL

29 33029 30 U.S.A.

9. Name and Address of Current Registered Agent

GUERRERO, ROGER
2130 NW 190 AVE
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name Guerrero, Roger
82 Street Address (P.O. Box Number is Not Acceptable)
20573 S.W. 1 Street
83
84 City Pembroke Pines FL 85 Zip Code 33029

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME GUERRERO, ROGER
STREET ADDRESS 2130 NW 190 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE V ☐ DELETE

NAME GUERRERO, CARLA A
STREET ADDRESS 2130 NW 190 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Guerrero, Roger
1.3 STREET ADDRESS 20573 S.W. 1 Street
1.4 CITY-ST-ZIP Pembroke Pines, FL 33029

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Guerrero, Carla A
2.3 STREET ADDRESS 20573 S.W. 1 Street
2.4 CITY-ST-ZIP Pembroke Pines, FL 33029

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (954) 438-4873
Date Daytime Phone #

CR2E034 (11/98)

0267443