

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90256 009 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000011834

1. Corporation Name

R.J. WIT CORPORATION
 Principal Place of Business
 300 SOUTHWEST 51 PLACE
 MIAMI FL 33134

 Mailing Address
 300 SOUTHWEST 51 PLACE
 MIAMI FL 33134


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

65-0640506

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

8. Name and Address of Current Registered Agent

GIL, RAFAEL J
8870 SW 82ND ST
MIAMI FL 33173

81 Name

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

83

84 City

FL

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | GIL, RAFAEL JR. | |
| STREET ADDRESS | 300 SOUTHWEST 51 PLACE | |
| CITY-ST-ZIP | MIAMI FL 33134 | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | MENENDEZ, JACQUELINE | |
| STREET ADDRESS | 300 SOUTHWEST 51 PLACE | |
| CITY-ST-ZIP | MIAMI FL 33134 | |

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| STREET ADDRESS | | |
| 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

Date

Daytime Phone #

CR2E034 (11/98)