FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



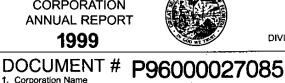
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

J.P. BUSINESS, CORP.

1. Corporation Name



FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90162 046 ***150.00

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	·				X						
Principal Place	e of Business	Mailing	Address		1			BANG BANA BOARA W	BILL BOLL DOLL	01 00 00	HEIET EHI 1881
3336 N.W. 74 AVENUE MEDLEY FL 33166		8336 N.W. 74 AVENUE MEDLEY FL 33166				•					
							[DO NOT WRI	TE IN THIS	SPACE	
							3. Date Incorporate	d or Qualifed			
		_					03/27/1996				
2. Principal P	lace of Business	2a. Ma	iling Address				4. FEI Number			Ap	plied For
1		26					65-0651793				t Applicable
Suite, Apt.	#, etc.	Sui	ite, Apt. #, etc.				5. Certifcate of Stat	us Desired		\$8.75	
2		27								Fee Re	equired
City & State	e		y & State				6. Election Campaig			\$5.00	
3		28					Trust Fund Contr			Added I	to Fees
Zip ¬	Country	Zip	_	Country	/		8. This corporation		rent year int		
4	25	29	30)			Personal Propert	•	Pagistarad	☐ Yes	□No
	9. Name and Address of Current	Registere	d Agent	81	Name		10. Name and Addr	٨		Agent	
JERO	ONIMO, PEDROSA			"	Name	Эe	ROMMO	PEDRE	> <u>54</u>		
	HALLANDALE BLVD			82	Street A	ddres	ss (P.O. Box Number i	s Not Accept	able)		
617	TIALDANDALL DETD			,							
	LANDALE FL 33009			83	833	.6	4 PF. WA	クルモラング	É		
HAL	ENIDALE I E 33003			84	025					85 Zip (
				L			DLEY, FC		<u> </u>		56-7406
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. S	Such change was auth	orized by	the corpor	orpor	ration submits this stat 's board of directors. I	ement for the hereby acce	purpose of pt the appoin	changing its ntment as re-	registered gistered
SIGNATURE											
0.	Signature, typed or printed name of registered agent a				nt signature rec	quired v	when reinstating)		DATE		
12.	OFFICERS AND	DIRECTO		13.			ADDITIONS/CHAI	NGES TO OF	FICERS AN		Addition
TITLE	PD		☐ DELETE	1.1 TITLE						Change	Addition
NAME	PEDROSA, JERONIMO			1.2 NAME							
STREET ADDRESS	1920 HALLANDALEE BLVD 617			1.3 STREE	TADDRESS				•		
CITY+ST-ZIP	HALLANDALE FL		(*) 55, 575	1.4 CITY-5	ST-ZIP					Change	☐ Addition
TITLE .			☐ DELETE	2.1 TITLE						Change	☐ Addition
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREE	TADDRESS		<i>3</i>				
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP		<u> </u>				
TITLE			☐ DELETE	3.1 TITLE			,			☐ Change	Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	TADDRESS		•				•
CITY-ST-ZIP				3.4. CITY-	ST-ZIP						
TITLE			☐ DELETE	4.1 TITLE				_		☐ Change	☐ Addition
VAME			·* 5 * **	4. 2 NAME	- "		Contract Con				j.
STREET ADDRESS				4.3 STREE	TADDRESS						1
CITY-ST-ZIP			·	4.4 CITY-	ST-ZIP						
TITLE		. :	☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME				5.2 NAME							1
STREET ADDRESS				5.3 STREE	TADDRESS						
CITY+ST-ZIP				5.4 CITY-	ST-ZIP						
TITLE			☐ DELETE	6.1 TITLE	T		- · ·			☐ Change	Addition
NAME				6.2 NAME							ľ
STREET ADDRESS				6.3 STREE	TADDRESS						
	1										

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 comporation 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: