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

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90025 038 ***150.00

DOCUMENT # P9600036930

1. Corporation Name

JEGSBAR, INC.

Principal Place of Business	Mailing Address		. I LEDIZEDE IIA FDIZE DIŽII DAILE ADIZI ADŽII DA	IN THE THIRD WHEN THE
4460 NW 74TH ST MIAMI FL 33176 US	10129 COSTA DEL SOL BLVD MIAMI FL 33178 US		DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 04/29/1996	NIS SPACE
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
—	26		65-0676048	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & State	City & State	- 1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	Intangible
24	29 30]	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Currer	nt Registered Agent	<u> </u>	10. Name and Address of New Register	ed Agent
		81 Name		
BARAC, SMILJANA		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
10129 COSTA DEL SOL BOULEVARI)	Jueet Addre	(1.0. DOX ITALIIDO IS THOU PLOSPISSIS)	
MIAMI FL 33178		83		
				los Zin Codo
		84 City		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 tyle of applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12. OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME SMILVANA, BARAC		1.2 NAME		
STREET ADDRESS 10129 COSTA DEL SOL BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33178		1.4 CITY-ST-ZIP	<u> </u>	
TITLE VT	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME ORLANDINI, ELSA		2.2 NAME		
STREET ADDRESS 10129 COSTA DEL SOL BLVD	1	2.3 STREET ADDRESS		
CITY-ST-ZIP. MIAMI-FL 33178	الاستنادات يوه والوا	2.4 CITY-ST-ZIP	والمرابع والمرابع والمرابع والمنابع والمرابع	<u> </u>
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADORESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ŞT-ZIP	·	
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		

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 changes or on an attachment with an address, with all other like empowered.

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

DELETE

☐ Change

☐ Change

☐ Addition

Addition