Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90003 029 ***150.00

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

DOCUMENT # P96000060884

1. Corporation Name

JIMAGUA'S OASYS PRODUCE, INC.

Principal Place	of Business	Ma	ailing Address				i immilitar iro raffit arini ad	III EB(II DOIL! BBIID B	IIIs Bala		0114 B 181 1881	
6381 SW 39 ST MIAMI FL 33155 US			6381 SW 39 ST Miami FL 33155 US				DO NOT WRITE IN THIS SPACE					
							 Date Incorporated or Qual 07/19/1996 				i	
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number			Appl	ied For	
21	,	26		_		<u>- 1</u>	65-0680004				Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desire	d []		75 Ad ee Req	Iditional uired	
City & State	9	28	City & State				6. Election Campaign Finance Trust Fund Contribution	ing 🏻		.00 M	•	
Zip				Country			8. This corporation owes the	current year Inta	ngible			
24	25	29 30					Personal Property Tax.		☐ Yes	, [□No	
9. Name and Address of Current Registered Agent						1	0. Name and Address of N	w Registered A	gent			
					Nam	ne .						
HERNANDEZ, AVELINO			82	Stree	et Address	dress (P.O. Box Number is Not Acceptable)						
7105 WEST 13TH AVENUE #202						017100.000	(1.0. #0					
HIAL	EAH FL 33014			83								
				84	City			FL		Zip Co		
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 change was authorized Statutes.												
SIGNATURE Stonature transformation from Discretified agent and title if applicable. (NOTE: Registered						on consisted sales	on spinstation)	DATE				
Signature, typed of printed name of consistent and title if applicable. (NOTE: Registered 12. OFFICE'S AND DIRECTORS 13.					k agriatu	ile require with	ADDITIONS/CHANGES TO	OFFICERS ANI	D DIRE	CTOF	S IN 12	
TITLE	0,7,102,100,7,110		1.1 TITLE		T-			Cha	ınge	☐ Addition		
NAME	MILIAN, PABLO		1.21			1						
STREET ADDRESS	6381 SW 39 ST	·		1.3 STREET ADDRESS		ss						
,	MIAMI FL 33155			1.4 CITY-S								
CTTY-ST-ZIP	VSD		_	2.1 TITLE				٠.	Cha	ınge	Addition	
NAME	MILIAN, PABLO D			2.2 NAME				_				
STREET ADDRESS 6381 SW 39 ST				2.3 STREET ADDRESS		ss		•				
CITY-ST-ZIP	MIAMI FL 33155		1:	2. 4 CITY-S	ST-ZIP	1						
TITLE			☐ DELETE :	3.1 TITLE					Cha	ange	☐ Addition	

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

3.2 NAME

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

8.3 STREET ADORESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Change

☐ Change

☐ Change

☐ Addition

Addition

☐ Addition