

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90011 037 ***150.00

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

96 000074778 ✓OK
 JULIO VITOLA ENTERPRISES INC.

5 7 8 5 8
 570058 - 90002 - 12

Principal Place of Business

Mailing Address

3948 CURTISS PARKWAY (SAME)
 VIRGINIA GARDENS FL 33166-7108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/9/96

4. FEI Number

65-0734434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

\$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

2a. Mailing Address

21 424 LAKEVIEW DR

26 424 LAKEVIEW DR

Suite, Apt. #, etc.

22 * 105

Suite, Apt. #, etc.

27 * 105

City & State

23 WESTON FL

City & State

28 WESTON FL

Zip Country

24 33326 25 BROWARD

Zip Country

29 33326 30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Baron B. B. Barnes
 5701 N.W. 38 St.
 Miami Springs, FL 33166

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

5/18/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
 NAME VITOLA, JULIO
 STREET ADDRESS 424 LAKEVIEW DR. STE 105
 CITY-ST-ZIP WESTON FL 33326

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
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 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 attached sheet with an address, with all other like empowered.

SIGNATURE:

JULIO VITOLA, President 4/28/99 (954) 217-0825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/198)