

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90044 032 ***150.00

DOCUMENT # P96000081544

1. Corporation Name

JODEL ENTERPRISES CORP.

Principal Place of Business

5714 SW 37 ST
HOLLYWOOD FL 33023
US

Mailing Address

1100 SW 32ND ST
FORT LAUDERDALE FL 33315

*change
16008 OPALE CREEK DRIVE
WESTON, FL 33331*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

10/02/1996

4. FEI Number

65-0701047

☒ 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

9. Name and Address of Current Registered Agent

GUTIERREZ, JOAO
1100 SW 32ND ST
FT. LAUDERDALE FL 33315

*Please note
change of address
only.*

10. Name and Address of New Registered Agent

81 Name: JOAO GUTIERREZ
82 Street Address: 16008 OPALE CREEK DRIVE
83
84 City: WESTON FL 85 Zip Code: 33331

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	P	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, JOAO	
STREET ADDRESS	2651 SW 13 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, EDEL	
STREET ADDRESS	3465 SE 10TH AVE	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	SH	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, MAYRENE	
STREET ADDRESS	1100 SW 32 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	SH	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, NEREYDA	
STREET ADDRESS	3465 SE 10TH AVE	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	16008 OPALE CREEK DRIVE
3.4 CITY-ST-ZIP	WESTON, FL 33331
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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)