PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90002 015 ***550.00

DOCUMENT # P96000092448 1. Corporation Name Juandi, Inc. rincipal Place of Business Mailing Address 901 Ponce De Leon Blvd., 901-Ponce De Leon Blvd. Sûite 601 Suite 601 DO NOT WRITE IN THIS SPACE Coral Gables, Fl 33134 Coral Gables, F1 33134 3. Date Incorporated or Qualifed 11/12/96 Principal Place of Business 2a. Mailing Address Number Applied For 26 ×65-0836532 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00-May Be Trust Fund Contribution · Added to Fees Country Country 8. This corporation owes the current year Intangible 25 29 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Dieso Donneyo William H. Albornoz, Esquire Street Address (P.O. Box Number is Not Acceptable) 82 901 Ponce De Leon Blvd., Suite 601 83 Coral Gables, FL 33134 Coconut Zip Code 33133 Grove 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. It the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of a management of the purpose of changing its registered agent. I am (applied by the corporation) and accept the appointment as registered agent. GNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. CR2E034 (11/M) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition Amparo, Marin 12 NAME 124 Ponce De Leon Blvd. 1.3 STREET ADDRESS Coral Gables, FL 33134 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE Change Addition PET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP DELETE ---3.1-ftfLE Change Addition 3.2 NAME ET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME 'ETADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP DELETE . 5 1 TITLE · Change Addition 52 NAME ELADOROGS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELFTE 6 I TITLE ☐ Change [] Addition 6.2 NAME FEASURESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP Thereby 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 3 is 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.

Anipano Marin

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR