## . FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra Bt Morthum

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101320 (5)

J.G.K CORPORATION

**19**98

FILED Jun 29 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address                           |   |  |                               |  | - I ANDERONE IN CORE OFFICE ORIGINAL PRINT CORE TO BE AND THE PROPERTY OF THE |  |
|---|---|--|-------------------------------|--|---|--|
| 3401 SW 161   | TH STREET                                   | 3401 SW 16TH STREET  |                               |  |   |  |
| MIAMI FL 33145  |   | MIAMI FL 33145   |                               |  |   |  |
|   |   |  |                               |  | DO NOT WRITE IN THIS SPACE  |  |
|   |   |  |                               | 3. Date Incorporated or Qualified  |   |  |
| TA TRANSPORT  | 2 - 17                                      | <u> </u>   |                               | 12/16/1996   |   |  |
|   | Place of Business                           | 2a. Mailing Address  |                               | 4. FEI Number 65-08/804  | Applied For   |  |
| Suite, Apt.   | # AIA                                       | [26]   |                               | APPLIED FOR  | Not Applicable  |  |
| 22  | w, <b>e</b> jo.                             | Suite, Apt. #, etc.  |                               | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required   |  |
| City & Stat   | c   | City & State   | <del></del>                   | B. Clark's Ossasis Facility  |   |  |
| 23  | •   | 28   |                               | Election Campaign Financing     Trust Fund Contribution  | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| Zip   | Country                                     | 7 <sub>ip</sub>  | Country                       | 8. This corporation owes or has paid the   |   |  |
| 24  | 25  | 29   | 30                            | Personal Property Tax due June 30.   | Yos (2XNo   |  |
|   |   | I Current Registered Agent   | . 1551                        | 10. Name and Address of New Register   |   |  |
| RU  | IIZ. SERGIO                                 | <del>.</del>   | 81 Name                       | )  |   |  |
| 2401 SW 18TH STDEET   |   |  |                               |  |   |  |
| MIAMI FL 33145  82 Street Address (P.O. Box Number is Not Acceptable) |   |  |                               |  |   |  |
|   |   |  | 83                            |  |   |  |
|   |   |  |                               |  |   |  |
|   |   |  | 84 City                       | <b>F</b>   | B5 Zip Code   |  |
| 11. Pursuant  | to the provisions of Sections               | 607.0502 and 607.1508, Florida Statu   | ites, the above-named         | Corporation submits this statement for the purpose   | e of changing its registered  |  |
| Office or r   | regi <b>ster</b> ed agent, or both, in t    | he State of Florida, Such change was<br>he obligations of, Section 607,0505, F | authorized by the cor         | rporation's board of directors. I hereby accept the  | appointment as registered   |  |
| •   | um n <b>a</b> jmino o yana, uma an capa i   | не овидацовь ог, веспон оси дооз, п  | ionda statutes.               |  |   |  |
| SIGNATURE   | Signature, typical or printed name of re-   | jeste est agont and the it applicable (NO                                      | 11 Flugistered Agent signatur | e required when reinstating) (A)   | E   |  |
| 12.   | OFFIC                                       | ERS AND DIRECTORS  | 13.                           | ADDITIONS/CHANGES TO OFFICERS /  |   |  |
| TITLE   | 758   | ☐ DELLIE   | 1.1 Trile                     |  | Change Addition   |  |
| NAME  | <b>R</b> UIZ, SERGIO                        |  | 1.2 NAME                      |  |   |  |
| STREET ADDRESS  | \$401 SW 16TH STREE                         | ET   | 1.3 STREET ADDRESS            |  |   |  |
| CITY-ST-ZIP   | MIAMI FL                                    |  | 1.4 CITY - ST - ZIP           |  |   |  |
| TITLE   | ·-\$P\$-                                    | DELETE   | 2.1 TITLE                     | B.VPT<br>GOBY NOAN<br>2333 BRICKELLAVE \$191   | Change Addition   |  |
| NAME  | - OHN-                                      |  | 2.2 NAME                      | GODY VOAN  |   |  |
| STREET ADDRESS  | <b>\$401</b> SW 18TH ST                     |  | 2.3 STREET ADDRESS            | 2333 BRICKELLAVE \$191   | 7   |  |
| CfTY-ST-ZIP   | MIAMI FL                                    | 1  | 2 4 City-St-ZiP               | MIAMIFL.   | •   |  |
| TITLE   |   | DELETE   | 3 1 TITLE                     | p., s  | Change Addition   |  |
| NAME  |   |  | 3.2 NAME                      |  |   |  |
| STREET ADDRESS  |   |  | 3 3 STREET ADDRESS            | BRULLARD JACQUELINEL<br>2333 BRICKELL AVEH<br>MIAMI FL 33/39   | 1911  |  |
| CITY-ST-ZIP   |   |  | 3 4. CITY-ST-7IP              | MIAMI FL.33/39 "   | . ,   |  |
| TITLE   |   | ☐ DELFT€   | 4.1 TITLE                     |  | Change Addition   |  |
| NAME  |   |  | 4. 2 NAME                     |  |   |  |
| STREET ADDRESS  |   |  | 4.3 STREET ADDRESS            |  |   |  |
| CITY-ST-ZIP   |   |  | 4.4 CITY - ST - ZIP           |  |   |  |
| TITLE   |   | DELFTE   | 5.1 TITLE                     |  | Change Addition   |  |
| NAME  | 1   |  | 5.2 NAME                      |  |   |  |
| STREET ADDRESS  |   |  | 5.3 STREET ADDRESS            |  |   |  |
| CITY-ST-7#P   |   |  | 5.4 CHTY-ST-ZIP               |  |   |  |
| TITLE   |   | ☐ DELETE   | 6.1 TITLE                     | AND THE PROPERTY OF THE PROPER | Change Addition   |  |
| NAME  |   |  | 6.2 NAME                      |  | 190A  |  |
| STREET ADDRESS  |   |  | 6.3 STREET ADDRESS            | *100000%*5,7657<br>-07/01/9801068<br>***150.00   | $\mathcal{M}_{\mathcal{F}}$   |  |
| CITY-ST-ZIP   |   |  | 6.4 CITY - ST - <b>Z</b> IP   |  |   |  |
| 14. I hereby o  | ertify that the information sup             | optied with this filing does not qualify for                                   | or the exemption state        | ed in Section 119.07(3)(i), Florida Statutes. I further anature shall have the same legal effect as if made  | certify that the information  |  |
| officer or o  | director of the phiporation of              | the region of trustee empowered to   | execute this report as        | phature shall have the same legal effect as it made<br>s required by Chapter 607, Florida Statules; and th   | at my name appears in   |  |
| Block 12 (  | or <b>ษเด</b> ด 13 ส <b>ุด</b> ภัลกged oron | arcatylchynen) with an address.  | 1                             |  |   |  |