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 # P97000022512

1. Corporation Name

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90044 035 ***150.00

J.P.G. E	KPORT, INC.							
Principal Place	e of Business	Mailing Address				-		
14304 SW 159TH TERR. 14304 SW 159TH TERR.								
MIAMI FL 33177 MIAMI FL 33177						DO NOT WRITE IN TH	IS SPACE	
						Date Incorporated or Qualifed		
						03/12/1997		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
								Not Applicable
Suite, Apt	#. etc.	Suite, Apt #, etc.					\$8.7	5 Additional
27						5. Certificate of Status Desired	Fee	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution	Adde	ed to Fees
Zıp	Country	Zip	Count	ry		8. This corporation owes the current year		
24	25		30		_	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent	-	<u> </u>		10. Name and Address of New Registere	d Agent	
CUIT	ICDDE7 IOCI		8	1 Na	ame			
Gutierrez, Joel 14304 Sw 159th Terr.			8	2 St	reet Addre	ss (P.O. Box Number is Not Acceptable)		
	/I FL 33177		-	-				
WILM	M FL 331//		8	3				
			8	4 Ci	ty	F	85 Z	ip Code
agent. 1 a SIGNATURE	m familiar with, and accept the oblig				ature required	when reinstaling) DATE		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	DPT	☐ DELETE	1 1 TITLE				Chang	ge
NAME	GUTIERREZ, JOEL		12 NAME	E				
STREET ADDRESS	14304 SW 159TH TERR.		13 STRE	ET ADO	RESS			
CITY-ST-ZIP	MIAMI FL 33177		14 CITY				☐ Chan	ge Addition
TITLE	DSV	☐ DELETE	2 1 T1TLE				L Chan	ge 🗆 Madiiidii
NAME	GUTIERREZ, PATRICIA		2.2 NAME					
STREET ADDRESS			23 STRE					
CITY-ST-ZIP	MIAMI FL 33177	C DELETE	2 4 CITY		'		Chang	ge Addition
TITLE		[_] DELETE	3 1 TITLE				_ 0.1311	
NAME			3.2 NAME		pese			
STREET ADDRESS			33 STRE					
CITY-ST-ZIP TITLE			-0	34 CITY-ST-ZIP 41 TITLE			Chan	ge 🔲 Addition
			4 2 NAM				_	-
NAME STREET ADDRESS			4 3 STRE		RESS			
	rr T		4.4 CITY		ŀ			
CHY-ST-ZiP TiffLE	 		-#	5; TITLE			Chan	ge Addition
NAME			5.2 NAMI	F.	j			
STREET ADDRESS			53 STRE	ET ADD	RESS			
CITY-ST-ZIP			5.4 CiTY	-ST-ZIP				=
TITLE		☐ DELETE	6 1 TITLE				☐ Chan	ge Addition
NAME			6.2 NAMI	E				
STREET ADDRESS			63STRE	ET ADD	RESS			
CITY-ST-ZIP	1	. (64 CITY	-ST-ZIP				

14. I hereby certify that the information supplied with this filting 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 emptywered 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:

GNATURE AND TOPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTO

JOELA GUTIENE

3/3/99 251-3135

CR2E034