

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90043 037 ***150.00

DOCUMENT # P97000028310

1. Corporation Name

BOR-JOS COMPANY

Principal Place of Business

Mailing Address

12010 S.W. 97th STREET 12010 S.W. 97th STREET
MIAMI, FL. 33186-2606 MIAMI, FL. 33186-2606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03-26-1997

4. FEI Number

65-0737199

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

2. Principal Place of Business

21 12010 S.W. 97th STREET

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL

24 33186-2606 25 DADE

2a. Mailing Address

26 12010 S.W. 97th STREET

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL

29 33186-2606 30 DADE

9. Name and Address of Current Registered Agent

ADOLFO E. IGLESIAS
12010 S.W. 97th STREET
MIAMI, FL. 33186-2606

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME JOSE R. VIDAL
STREET ADDRESS 745 NORTHWEST 122nd PASSAGE
CITY-ST-ZIP MIAMI, FL. 33182

TITLE ☐ DELETE
NAME VP
STREET ADDRESS ELSIE D. VIDAL
745 NORTHWEST 122nd PASSAGE
CITY-ST-ZIP MIAMI, FL. 33182

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P
1.3 STREET ADDRESS JOSE R. VIDAL
1.4 CITY-ST-ZIP 12010 S.W. 97th STREET
MIAMI, FL. 33186-2606

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VP
2.3 STREET ADDRESS ELSIE D. VIDAL
2.4 CITY-ST-ZIP 12010 S.W. 97th STREET
MIAMI, FL. 33186-2606

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99

305-254-1099

CR2E034 (11/98)