$150.00 + 8.75 = $158.75

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034887

1. Corporation Name
JEDILE INVESTMENTS CORP.

Principal Place of Business	Mailing Address
18200 COLLINS AVE. NORTH MIAMI BEACH, FL. 33160	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: APRIL 8, 1997

2. Principal Place of Business	2a. Mailing Address
21 18200 COLLINS Ave.	26 SAME
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 City & State: NORTH MIAMI BEACH, FL.	28 City & State
24 Zip: 33160	29 Zip
25 Country: USA	30 Country

4. FEI Number: 65-0746671 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NATALIA UTRERA 343 ALMERIA Ave. CORAL GABLES, Fl. 33134	81 Name: MIGUEL ANGEL CESAR 82 Street Address (P.O. Box Number is Not Acceptable): 18200 COLLINS Ave. 83 84 City: NORTH MIAMI BEACH FL 85 Zip Code: 33160

11. Pursuant to the provisions of Section 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] MAR 20 22/98
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ENVER ALBERTO VIVAS PRADA 343 ALMERIA Ave. CORAL GABLES, FL. 33134	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT MIGUEL ANGEL CESAR 18200 COLLINS Ave. N. MIAMI BEACH, FL. 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ENVER ALBERTO VIVAS PRADA 343 ALMERIA Ave. CORAL GABLES, FL. 33134	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	SECRETARY MIGUEL ANGEL CESAR 18200 COLLINS Ave. N MIAMI BEACH, FL. 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT NATALIA UTRERA 343 ALMERIA Ave. CORAL GABLES, FL. 33134	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	600002482350 -04/08/98--01035--012 ***158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

PE 4.7

CR2E034 (10/97)

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.

SIGNATURE: [signature] MAR 20 22/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #