

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMSTATE: \$750).

FILED

Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000068231

1. Corporation Name

Jaquie, Inc.

Principal Place of Business

21150 Point Place, #3003
Aventura, FL 33180

Mailing Address

21150 Point Place, #3003
Aventura, FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/6/97

4. FEI Number

☒ 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hayes Street
Tallahassee, FL 32301

81 Name

Kenneth W. Shapiro, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

1776 N. Pine Island Road, Ste. 308

83

84 City

Plantation

FL

85 Zip Code
33322

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 of person authorized to register agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/5/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME Luis Nofal
STREET ADDRESS 21150 Point Place, #3003
CITY-ST-ZIP Aventura, FL 33180

TITLE ☐ DELETE

D
NAME Monica Grandio
STREET ADDRESS 21150 Point Place, #3003
CITY-ST-ZIP Aventura, FL 33180

TITLE ☐ DELETE

D
NAME Marcelo Grandio
STREET ADDRESS 21150 Point Place, #3003
CITY-ST-ZIP Aventura, FL 33180

TITLE ☐ DELETE

D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

D
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 executor 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 in an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/98

54-1-3494808

CR2E034 (5/98)