## 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 # P97000075239

1. Corporation Name

JILK ENTERPRISES INC.

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90019 014 \*\*\*150.00



Principal Place of Business Mailing Address									
P.O. BOX 558087 P.O. BOX 558087									
MIAMI FL 33255	j	MIAMI FL 33255			DO NOT WRITE IN THIS SPACE				
							Date Incorporated or Qualifed		
						08/28/1997			
Principal Place of Business     Za. Mailing Address						4. FEI Number	•	A	pplied For
21 7280	NW 8 STREET	26				65-0441319		N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗆		Additional
22	٠٠ - الرحاد المرحاد ال	27			5. Certificate of Status Desir		Fee R	lequired	
City & State	e4 . C	City & State	City & State			6. Election Campaign Finan	cing 🗆	•	May Be
23 MI/A	VII, FL	28				Trust Fund Contribution	-		to Fees
Zip 2 2	126 25 U.S.	Zip	¬ ' []			8. This corporation owes the	current year Int	angible Ves	□No
24 0016 25 U.S. 29 30 9. Name and Address of Current Registered Agent						Personal Property Tax.  10. Name and Address of N	ew Registered		
	9. Name and Address of Current	Registered Agent	8	11 N	Name	10. Name and Address of the	CH REGISTERO	rigoni	
GONZALEZ, JORGE			Ľ						
	RIVIERA DRIVE		8	2 5	Street Addres	ss (P.O. Box Number is Not Ac	ceptable)		
	AL GABLES FL 33146		8	3					
			_				··	11 7:-	0.45
			1		City		FL	.     `	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: Regis					gnature required v	when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN	ID DIRECT	OPS IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO	OFFICERS AN	Change	Addition
TITLE	PD CONTALET LODGE	- December 1	1.2 NAMI						
NAME	GONZALEZ, JORGE 5300 RIVIERA DRIVE		1.3 STRE		ADDECC				
STREET ADDRESS			1						
CITY-ST-ZIP	VTD	☐ DELETÉ	1.4 CITY- 2.1 TITLE		1P			Change	☐ Addition
TITLE .		CI DECE 15	2.2 NAMI						
NAME	Gonzalez, Lillian S 5300 Riviera Drive		2.3 STRE		VIDEOC	•			1
STREET ADDRESS			2.4 CITY			,			{
CITY-ST-ZIP			3.1 TITLE		LIF   -			☐ Change	Addition
TITLE NAME	_		3.2 NAMI					-	Ì
STREET ADDRESS			3.3 STRE		ORESS.				
			3.4. CITY		(				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		-		P.E.	Change	☐ Addition
NAME			4, 2 NAM	Æ					
STREET ADDRESS			4.3 STRE		DORESS				
CITY-ST-ZIP			4.4 CITY	- ST- ZI	IP		*	•	
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAMI		1				
STREET ADDRESS			5.3 STRE	ET AD	ORESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZI	IP				
TITLE		☐ DELETE	6.1 TITLE	Ξ				Change	Addition
NAME			6.2 NAM	Ε					{
STREET ADDRESS			6.3 STRE	ET AD	DRESS				J
OTHEET MUUNEGO				A- 31					1

14. 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 or an attachment with an address, with all other like empowered.

**SIGNATURE**