

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

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

DOCUMENT # **P97000075239**

1. Corporation Name

**JILK ENTERPRISES INC.**



Principal Place of Business

P.O. BOX 558087  
MIAMI FL 33255

Mailing Address

P.O. BOX 558087  
MIAMI FL 33255

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/28/1997**

4. FEI Number

**65-0441319**

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

**7280 NW 8 STREET**

2a. Mailing Address

Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

23. City & State

**MIAMI, FL**

27. City & State

28. Zip

**33126**

Country

**U.S.**

29. Zip

Country

9. Name and Address of Current Registered Agent

**GONZALEZ, JORGE  
5300 RIVIERA DRIVE  
CORAL GABLES FL 33146**

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 **PD** ☐ DELETE  
NAME **GONZALEZ, JORGE**  
STREET ADDRESS **5300 RIVIERA DRIVE**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **VTD** ☐ DELETE  
NAME **GONZALEZ, LILLIAN S**  
STREET ADDRESS **5300 RIVIERA DRIVE**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SIGNATURE:

**Lillian S. Gonzalez**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**1/11/99 (305) 513-4994**  
Date Daytime Phone #

CR2E034 (11/98)

0277530