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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700083249 (7)

JORDI INTERNATIONAL, CORP.

FILED Apr 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 11753 SW 15 STREET 11753 SW 15 STREET MIAMI FL 33184-2557 MIAMI FL 33184-2557 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0785183 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. X Yes ☐ No 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name ABREU, JORGE LUIS 11753 **\$W** 15 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33184-2557 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE Jorge 4 Gbrew NAME 1.2 NAME STREET ADDRESS 11753 30015 51 1.3 STREET ADDRESS CITY-ST-ZIP Mun M. Fr. 13184-1857 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CHTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby 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 it made under oath; that I am an officer or director of the corporation of the receiver of 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 an attachy that with an address.