Jun 08, 1999 8:00 am

Secretary of State

06-08-1999 90013 036 \*\*\*550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9800000233

J.B.S. INTERNATIONAL SALES INC.

Mailing Address Principal Place of Business 3161 SW 176TH WY 3161 SW 176TH WY MIRAMAR FL 33029 MIRAMAR FL 33029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1998 4. FEI Number (05 — Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zip This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SOMOZA, JOSE M 82 Street Address (P.O. Box Number is Not Acceptable) 3161 SW 176TH WY MIRAMAR FL 33029 83 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change ☐ DELETE 1.1 TITLE TITLE somoza, Jose M 12 NAME 3161 SW 176TH WY 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33029 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE SOMOZA, BELINDA R 2.2 NAME NAME 3161 SW 176TH WY 2.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33029 2. 4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CR2E034 (11/98)

☐ Addition

☐ Change