

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
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90017 001 ***155.00

DOCUMENT #

P98000001344

Corporation Name

JYLA, INC

Principal Place of Business

Mailing Address

2493 Bluffton Drive
JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01-01-98

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

Principal Place of Business

2a. Mailing Address

SAME AS ABOVE

SOME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JESUS ORTA
2493 Bluffton Drive
JACKSONVILLE FL 32224

81 Name

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

83

84 City

FL

85 Zip Code

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1 JULY 1999

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ET ADDRESS
ST-ZIP
PS
JESUS ORTA
2493 Bluffton Drive
JACKSONVILLE FL 32224

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ET ADDRESS
ST-ZIP
VT
YESSONIA ORTA
2493 Bluffton Drive
JACKSONVILLE FL 32224

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

ET ADDRESS
ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

ET ADDRESS
ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

ET ADDRESS
ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

ET ADDRESS
ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

GNATURE:

JESUS ORTA

1 JULY 99 904 221110

Date

Daytime Phone #

CR2E034 (1/98)

July 1 1999

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As per our phone conversation, ref to not
receiving the annual report.

this letter is to notified the officers of Corporation
that I never receive the annual report address.
and that all the information submitted on the
original remain the same to include the
address, if any question please contact me
at 904 221 1110. day or FAX 904 221 1313.

Thank you for your cooperation.
Jesus Ortega PS.

