

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  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90057 046 \*\*\*150.00

DOCUMENT # P98000009761

1. Corporation Name  
JOSIP, INC.

Principal Place of Business  
485 NE 144TH ST.  
N. MIAMI BEACH FL 33161

Mailing Address  
485 NE 144TH ST.  
N. MIAMI BEACH FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

05-0817117

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

21 215 SUNNY ISLES BLVD.

2a. Mailing Address

26 215 SUNNY ISLES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NORTH MIAMI BEACH, FL

City & State

28 NORTH MIAMI BEACH, FL

Zip

24 33160

Country

25 USA

Zip

29 33160

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81

Name TERRY J. FORMAN

82

Street Address (P.O. Box Number is Not Acceptable)  
1521 SW LEJEUNE ROAD

83

84

City CORAL GABLES

FL

85

Zip Code

33134

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

TERRY J. FORMAN

3/29/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME ARELL, MARIA F  
STREET ADDRESS 485 NE 144TH ST.  
CITY-ST-ZIP N. MIAMI BEACH FL 33161

TITLE D ☒ DELETE  
NAME LAUKO, EMIL  
STREET ADDRESS 485 NE 144TH ST.  
CITY-ST-ZIP N. MIAMI BEACH FL 33161

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☒ Change ☒ Addition  
3.2 NAME ANDRES NEVA BARON  
3.3 STREET ADDRESS 215 SUNNY ISLES BLVD.  
3.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

4.1 TITLE ☒ Change ☒ Addition  
4.2 NAME JAIRO E. VARON  
4.3 STREET ADDRESS 215 SUNNY ISLES BLVD  
4.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANDRES NEVA BARON 3/29/99 (305) 944-0449

CR2E034 (11/98)

0234561