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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000014588

JEG ENTERPRISES OF DADE, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90093 036 ***150.00

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| | | | | | → | | |
|---|--|-----|------------|--|---|-----------------------------------|--|
| Principal Place of Business | Mailing Address | | | | | | |
| 161 S.W. 139TH AVENUE MIAMI FL 33175 | 3161 S.W. 139TH AVENUE MIAMI FL 33175 | | | | DO NOT WRITE IN THI | S SPACE | |
| | | | | | 3. Date Incorporated or Qualifed 02/13/1998 | - | |
| 2. Principal Place of Business | 2a. Mailing Address | | | | 4. FEI Number | Applied For | |
| 1 | 26 | | | | 65-0837718 | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | City & State | .y | <u>-</u> ^ | · ••• • • • • • • • • • • • • • • • • • | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip Country 4 25 | Zip | Cou | intry | | This corporation owes the current year In Personal Property Tax. | ☐ Yes ☐ No | |
| 9. Name and Address of Cu | rrent Registered Agent | | | | 10. Name and Address of New Registerer | d Agent | |
| 00NZN EZ 10DOE E | - | | 81 | Name | | | |
| GONZALEZ, JORGE E 3161 S.W. 139TH AVENUE | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI FL 33175 | | | 83 | | | | |
| | | | 84 | City | F | 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. | 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE | PD DELETE | 1.1 TITLE | ☐ Change ☐ Addition | | | | |
| NAME | GONZALEZ, JORGE E | 1.2 NAME | | | | | |
| STREET ADDRESS | 3161 S.W. 139TH AVENUE | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL 33175 | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | ☐ DELETE | 2.1 T/TLE | ☐ Change ☐ Addition | | | | |
| NAME | | 2.2 NAME | · | | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 2. 4 CITY-ST-ZIP | | | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | Change Addition | | | | |
| NAME | | 3.2 NAME | • | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | | | | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition | | | | |
| NAME | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition | | | | |
| NAME | | 5.2 NAME | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition | | | | |
| NAME | | 6.2 NAME | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Company of the state of the sta | | | | |

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 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

<u>(305) 551-2647</u>