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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90034 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000038986

1. Corporation Name

JOGUISDED IMPORTS CORPORATION

Principal Place of Business

5900 WEST 20TH AVENUE SUITE C
HIALEAH FL 33016

Mailing Address

5900 WEST 20TH AVENUE SUITE C
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1998

4. FEI Number

65-0831985

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ
9200 S DADELAND BLVD SUITE 803
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name **ROBINSON MENDOZA**

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

83 **926 79th TERR #8**84 City **MIAMI BEACH**

FL

85 Zip Code **33141**

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

ROBINSON MENDOZA (VICE-PRESIDENT)

DATE

4-10-99

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE
NAME **GUSTAVO, JOSE**
STREET ADDRESS **5900 WEST 20TH AVENUE SUITE C**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **DVT** ☐ DELETE
NAME **MENDOZA, ROBINSON**
STREET ADDRESS **5900 WEST 20TH AVENUE SUITE C**
CITY-ST-ZIP **HIALEAH FL 33016**

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 ROBINSON MENDOZA**3-22-99****305-8612725**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)