


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90130 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000052302

1. Corporation Name
CEMJO CORP.

Principal Place of Business
13200 S.W. 128 STREET
SUITE F-2
MIAMI FL 33186

Mailing Address
13200 S.W. 128 STREET
SUITE F-2
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1998

4. FEI Number

APPLIED FOR
☒ 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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

CETOUTE, JEAN-MICHAEL
13200 S.W. 128 STREET
SUITE F-2
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETENAME **CEOUTE, JEAN-MICHAEL**STREET ADDRESS **13200 S.W. 128 STREET, SUITE F-2**CITY-ST-ZIP **MIAMI FL 33186**TITLE **VSD** ☐ DELETENAME **JOLY, YVON**STREET ADDRESS **13200 S.W. 128 STREET, SUITE F-2**CITY-ST-ZIP **MIAMI FL 33186**TITLE **VD** ☐ DELETENAME **EMERAN, JEAN**STREET ADDRESS **13200 S.W. 128 STREET, SUITE F-2**CITY-ST-ZIP **MIAMI FL 33186**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

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-99 701-211-2660

Date

Daytime Phone #

CR2E034 (1/1/98)

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.