

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 90224 023 \*\*\*150.00

DOCUMENT # P98000063752

1. Corporation Name

J Y M INTERNATIONAL, INC.

Principal Place of Business

3971 SW 8TH ST. STE 206  
MIAMI FL 33134

Mailing Address

3971 SW 8TH ST. STE 206  
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1998

4. FEI Number

65-0851712

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 5545 SW 8 ST

Suite, Apt. #, etc.

22 207

City & State

23 MIAMI, FLORIDA

Zip

24 33134

Country

25 DADE

2a. Mailing Address

26 5545 SW 8 ST

Suite, Apt. #, etc.

27 207

City & State

28 MIAMI, FLORIDA

Zip

29 33134

Country

30 DADE

9. Name and Address of Current Registered Agent

LUENGO, ENRIQUE  
581 E 43RD STREET  
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name

MARTINEZ, BENJAMIN

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

570 W. 29 ST # 13

83

84 City

HIALEAH

FL

85 Zip Code

33012

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

OFFICERS AND DIRECTORS

TITLE PD  
NAME RAMIREZ, JULIO F  
STREET ADDRESS AVE FCO MIRANDA, TORRE E, APT 2-2E  
CITY-ST-ZIP MARQUEZ, CARACAS VENEZUELA

☐ DELETE

TITLE VD  
NAME GONZALEZ, MARCOS E  
STREET ADDRESS AVE VALENCIA,  
CITY-ST-ZIP CARACAS VENEZUELA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 1999

(305) 269-1989

Date

Daytime Phone #

CR2E034 (11/98)