Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90063 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000071014 1. Corporation Name

JTECH LATIN AMERICA & CARIBBEAN, INC.

Principal Place	e of Business		Mailing Address		-							
6996 N.W. 82ND AVENUE 6996 N.W. 82ND AVENUE												
MIAMI FL 30166	3	MIAMI FL 33166	MIAMI FL 33166				DO NOT WRITE IN THIS SPACE					
							3. Date	Incorporated	or Qualifed		***	
								3/1998				
2 Princina Pl	ace of Business		2a. Mailing Address				4. FEI N				Ac	plied For
	acc or Business		26				ŧ.	08586	.02			t Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.								\$8.75	
22	, o.c.		27				5. Certifo	cate of Status	Desired		Fee Re	
City & State	e		City & State				6. Election	on Campaign	Financing		\$5.00	May Be
23			28				Trust	Fund Contrib	ution	L.J	Added	tc Fees
Zip	Cour	try	Zip	Con	ntry		.l	rporation ov		rent year i		וייי.
24	25		29	30				r al Property			Yes	I∃No
	9. Name and Add	ress of Current	Registered Agent				10. Name	and Addres	s of New I	Registere	1 Agent	
COR	PORATION SERVIC	CF COMPANY			81	Name						
	HAYS STREET				82	Street /	Acdress (P.O. Bo	Number is	Not Accept	able)		
TALLAHASSEE FL 32301-2525				83								
** 100	, , , , , , , , , , , , , , , , , , ,	. 2020			63							
					84	City					85 Zip	Code
office or re agent. I ar	enistered agent, or bo	ith in the State o	and 607.1508, Florida Statu f Florida. Such change was ons of, Section 607.0505, Fl	authorized	∣b∨ th	named ne corpo	ccrporation subm oration's board of	directors. I h	ereby acce	pt the apr	ointment as re	gistered
SIGNATUF E	Standard and an armind an					rianature r	and when reinstation			DATE		l
	Signature, typed or printed na	·	t and title if applicable. (NOT	E: Registered		signature re	equired when reinstating		SES TO OF	DATE STOCKES	ND DIRECTO	 DIRS IN 12
12.		one of registered agent	t and title if applicable. (NOT	≘: Registered	Agent s	signature re	ADDIT		GES TO OF		ND DIRECTO	DRS IN 12
12.	D	OFFICERS ANI	t and title if applicable. (NOT	13.	Agent s		ADDIT	ONS/CHANG		FICERS		
12. TITLE NAME	D RUBIO, JULIAN E	OFFICERS ANI	t and title if applicable. (NOT	13. 1.1 TF	Agent s		ADDIT	ONS/CHANG		FICERS		
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14. I heretly 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 effect 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition