PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name . .



DOCUMENT # P98000093044

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90146 013 ***150.00

J	E, INC.			-		1114 1114 1 1 14 1 1 14	i er ik erin ul	ii an n a	1 8 000	
Principal Place	e of Business	Mailing Address				012) 104H E017 6EN	1 65111 # 4 110 101			
200 SOUTH BIS	SCAYNE BOULEVARD	200 SOUTH BISCAYNE	e Boulevard							
SUITE 4815		SUITE 4815 Miami: FL 33131				DO NOT WRIT	E IN THIS S	PÁCE		
MIAMI FL 33131	•	MINMI-TE 33131			3. Date Incorporate	d or Qualifed				
		•			10/28/1998			:		
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number				polied For	
21		26			65-087471	.3			ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certifcate of Sta	tus Desired			Additional equired	
22		27							·	
City & State	le .	City & State			6. Election Campai Trust Fund Cont		- 🗇 		May,Be —— to Fees	
23 j Zip	Country	28 Zip	Cou	กเรา	8. This corporation		nt vear intar		10 1 000	
	25	29	30	,	Personal Proper			Yes	□No	
24]	9. Name and Address of Cu				10. Name and Add		egistered A	gent		
				81 Name	Mara Caluacal	i -				
	13, ALESSANDRA				Piero Salussol dress (P.O. Box Number		ole)			
	SOUTH BISCAYNE BOULEVA	IRD								
	E 4815			83	200 S. Biscayo	e Rlud	Suite	4815		
MIAN	VII-FL-33131 -	4		84 City	too B. Distay	C DIAG.			Code	
	· <u></u>				Ciami		<u> </u>	33	131	
44 Dureuant	to the provisions of Sections 607.	.0902 and 607:1508, Florida S	Statutes, the al	bove-named cor	rporation submits this sta	tement for the p	the appoint	mentas n	egistered	
office of the	registered agent, or both, in the Si	late of Pronda. Such change w	vas autnonzed	i by the corpora	MONES DOSIGION DINECTORS.	i ribieuy accept	,,,			
office or n agent. I a	to the provisions of Sections 607 registered agent, or both, in the St im familiar with, and accept the ob	tate of Planda. Such change w	vas authorized 5, Florida Stati	iby the corporations.	MON & DOZIGI OI BII BELOIS.	r violeby accept	5140	29	-	
office or n agent. I all		1 / ticro s	a1035(Ha		Thoreby accept	544-0	99		
SIGNATURE	Signature, hyped or printed name of regularoo	1 / ticro s	a1035(Ha	aired when reinstating) ADDITIONS/CHA		DATE		DRS IN 12	(00)
	Signature, hyped or printed name of regularoo	a poent/and table if applicable	(NOTE: Registered	Agent signature requi	ired when reinstating)		DATE ICERS AND			(00,77)
SIGNATURE	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE: Registered	Agent signature requi	ired when reinstating) ADDITIONS/CHA	NGES TO OFF	DATE ICERS AND	DIRECTO	DRS IN 12	(44,66)
SIGNATURE 12. WILE	Signature, typed or printed name of important OFFICERS	AND DIRECTORS	(NOTE: Registered 13. FE 1.1 TIT 1.2 NA	Agent signatura requi	ADDITIONS/CHA	NGES TO OFF	DATE ICERS AND	DIRECTO	DRS IN 12	200777
SIGNATURE 12. TILE NAME	Signature, typed or pricied name of registers OFFICERS B PIRAS, ALESSANDRA	AND DIRECTORS DELET	(NOTE: Registered 13. FE 1.1 TIT 1.2 NA 1.3 ST 1.4 CF	Agent signature requirements TLE DP TME FO REET ADDRESS 20 TV-ST-ZIP M-1	ADDITIONS/CHAPTS JENTES, CARMEN	NGES TO OFF	DATE ICERS AND	DIRECTO	ORS IN 12	(00/11/00/00/00/00/00/00/00/00/00/00/00/0
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SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS OFFICERS D- PHRAS, ALESSANDRA 200 SOUTH BISCAYNE BO MIAMI FL 33131	AND DIRECTORS DELET	(NOTE: Registered 13. IE 1.1 TI 1.2 NA 1.3 ST 1.4 CT IE 2.1 TI 2.2 NA 2.3 ST	Agent signature requirements and received to the control of the co	ADDITIONS/CHAPTES, CARMEN OS. BISCAYDE	NGES TO OFF	DATE ICERS AND	DIRECTO	ORS IN 12	2007000
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SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME NAME	OFFICERS D- PHRAS, ALESSANDRA 200 SOUTH BISCAYNE BO MIAMI FL 33131	AND DIRECTORS DELET	(NOTE: Registered 13. TE 1.1 TII 1.2 NA 1.3 ST 1.4 CT 22 NA 23 ST 2.4 CT TE 3.1 TII 32 NA	Agent signeture requirements and requirements and responses and responses are requirements. The response are requirements and response are requirements and response are response are requirements. The response are requirements and response are requirements. The response are requirements are requirements and response are requirements. The response are requirements are requirements and response are requirements. The requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements. The requirements are requirements are requirements are requirements are requirements	ADDITIONS/CHAPTES, CARMEN OS. Biscayne	NGES TO OFF	DATE ICERS AND	DIRECTO Change 8153	DRS IN 12 Addition	(00) 110 TOOLOGO
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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.

04/29/99