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Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90257 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000094528			
1. Corporation Name JARAMILLO'S INTERNATIONAL TRADE CORPORATION			
Principal Place of Business 15292 SW 104 STREET #11-35 MIAMI FL 33196		Mailing Address 15292 SW 104 STREET #11-35 MIAMI FL 33196	
2. Principal Place of Business 21 11055 SW 15 STREET Suite, Apt. #, etc. 310 City & State PEMBROKE PINES Zip FL 33025 Country US		2a. Mailing Address 26 11055 SW 15 STREET Suite, Apt. #, etc. 310 City & State PEMBROKE PINES Zip FL 33025 Country US	
9. Name and Address of Current Registered Agent JARAMILLO, MAURICIO 15292 SW 104 STREET #11-35 MIAMI FL 33196		10. Name and Address of New Registered Agent 81 Name JARAMILLO, MAURICIO 82 Street Address (P.O. Box Number is Not Acceptable) 11055 SW. 15 STREET #310 83 84 City PEMBROKE PINES FL 85 Zip Code 33025	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME JARAMILLO, MAURICIO STREET ADDRESS 15292 SW 104 STREET #11-35 CITY-ST-ZIP MIAMI FL 33196		1.1 TITLE P 1.2 NAME JARAMILLO, MAURICIO 1.3 STREET ADDRESS 11055 SW. 15 STREET #310 1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33025	
TITLE VP NAME JARAMILLO, JOHN JAIRO STREET ADDRESS 15292 SW 104 STREET #11-35 CITY-ST-ZIP MIAMI FL 33196		2.1 TITLE VP 2.2 NAME JARAMILLO, JOHN JAIRO 2.3 STREET ADDRESS 11055 SW. 15 STREET #310 2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1998	
4. FEI Number 65-0873915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Date Daytime Phone #

CR2E034 (11/98)