

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90159 050 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000101329

1. Corporation Name
J & J INTERNATIONAL DISTRIBUTORS, INC.



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| Principal Place of Business 18782 NW 79TH COURT MIAMI FL 33015 | Mailing Address 18782 NW 79TH COURT MIAMI FL 33015 |
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DO NOT WRITE IN THIS SPACE

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|--|--|---|--|---|--|
| 2. Principal Place of Business 21 7975 W. 25 AVE | | 2a. Mailing Address 26 7975 W. 25 AVE | | 3. Date Incorporated or Qualified 12/07/1998 | |
| Suite, Apt. #, etc. 22 # 5 | | Suite, Apt. #, etc. 27 # 5 | | 4. FEI Number 65-0891490 | |
| City & State 23 Hialeah, FLORIDA | | City & State 28 Hialeah, FLORIDA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 33016 | | Zip 29 33016 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 U.S. | | Country 30 U.S. | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent RODRIGUEZ, JAVIER 18782 NW 79TH COURT MIAMI FL 33015 | | 10. Name and Address of New Registered Agent 81 Name JAVIER RODRIGUEZ 82 Street Address (P.O. Box Number is Not Acceptable) 83 8101 NW 166 ST 84 City MIAMI FL 85 Zip Code 33016 | |
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11. Pursuant to the provisions of Sections 607.0302 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]* **PRESIDENT JAVIER RODRIGUEZ** DATE **2/3/99**

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D <input type="checkbox"/> DELETE | 1.1 TITLE Address change <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME RODRIGUEZ, JAVIER | 1.2 NAME | | |
| STREET ADDRESS 18782 NW 79TH COURT | 1.3 STREET ADDRESS 8101 NW 166 ST | | |
| CITY-ST-ZIP MIAMI FL 33015 | 1.4 CITY-ST-ZIP MIAMI, FL. 33016 | | |
| TITLE VICE PRES. <input type="checkbox"/> DELETE | 2.1 TITLE VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME CARLOS L. LUIS | 2.2 NAME | | |
| STREET ADDRESS 4562 6W 127 CT. | 2.3 STREET ADDRESS 4562 6W 127 CT | | |
| CITY-ST-ZIP MIAMI, FL. 33175 | 2.4 CITY-ST-ZIP MIAMI, FL. 33175 | | |
| TITLE <input type="checkbox"/> DELETE | 3.1 TITLE | | |
| NAME | 3.2 NAME | | |
| STREET ADDRESS | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | 4.1 TITLE | | |
| NAME | 4.2 NAME | | |
| STREET ADDRESS | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | 5.1 TITLE | | |
| NAME | 5.2 NAME | | |
| STREET ADDRESS | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | 6.1 TITLE | | |
| NAME | 6.2 NAME | | |
| STREET ADDRESS | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 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]* **PRESIDENT**

DATE **2/3/99** (515) 822-0273

CR2E034 (11/98)