PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000104719

U-9-A- JU	IDO CENTER, I	INO.										
Principal Place	e of Business		Mailing	Address				1116111	IND THE SOURS COTTO MINUTERS	AAN MAIRI 31814 A		: (1819 1811 18 9)
88 SW 68 COU	IRT	888 SW 6	888 SW 68 COURT									
MIAMI FL 33144 MIAMI FL 33144								DO NOT WRITE IN THIS SPACE				
								3 Data Inco	rporated or Qualif		J OF ACE	
								12/17/19	·	60		
A District	tage of Dusings		20 140	ling Address				4, FEJ Nypet		15-4		Applied For
	lace of Business		\vdash	iing Audress				1.65	JOKK 21	łλŊ	<u> </u>	Vot Applicab
Suite, Apt.	# etc	-	26 Suit	e. Apt. #. etc.				<u> </u>	0000			Additional
22	ir, 010.		27	,				5. Certificate	of Status Desired			Required
- City & Stat	a — - —			& State			-	B. Election (ampaign Financir	79 <u>~</u>	\$5.0	0 May Be
23			28						d Contribution	" D		to Fees
Zip	Co	untry	Zip		Cou	untry		B. This corp	oration owes the c	urrent year In	tangible	./
4	25		29		30				Property Tax.		☐ Yes	X No
	9. Name and Ad	dress of Current	Registered	i Agent				10. Name an	d Address of New	w Registered	Agent	
						81	Name					
	ZALEZ, JUAN					82	Street Addre	ess (P.O. Box N	umber is Not Acce	eptable)		
	SW 68 COURT									. ,		
MIAM	I FL 33144					83						
						84	City				85 Zig	Code
							City			FL	_ " ",	
11. Pursuant office or r agent. I a	to the provisions of registered agent, or t im familiar with, and	sections 607,0502 both, in the State of accept the obligation	f Florida. So ons of, Sect	uch change wa tion 607.0505,	s authorize Florida Stat	d by th tutes.	ne corporatio	on's board of dire	ictors. I hereby ac	cept the appo		•
office or r agent. I a SIGNATURE	to the provisions of registered agent, or i im familiar with, and Signature, typed or printed	name of registered agent	ons of, Sec	tion 607.0505,	Florida Stat	tutes.	ia corporatio	d when reinstiting)	CKAS. FINIBLY BU	DATE		
office or r agent. I a SIGNATURE	registered agent, or t im familiar with, and Signature, typed or printed	accept the obligation	ons of, Sec	tion 607.0505,	Florida State	tutes.	ia corporatio	d when reinstiting)	S/CHANGES TO	DATE		ORS IN 12
office or r agent. I a SIGNATURE 12.	registered agent, or to im familiar with, and Signature, typed or printed	noth, in the State of accept the obligation name of registered agent in OFFICERS AND	ons of, Sec	tion 607.0505,	OTE: Registere 1.1 Ti	d Agent s	ia corporatio	d when reinstiting)	CKAS. FINIBLY BU	DATE	NO DIRECT	ORS IN 12
office or r agent. I a SIGNATURE 12. TITLE	egistered agent, or tom familiar with, and Signature, typed or provided DPST GONZALEZ, JUA	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	tion 607.0505,	OTE: Registere 13. 1.1 TI	d Agent s	signature required	d when reinstiting)	CKAS. FINIBLY BU	DATE	NO DIRECT	ORS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	tion 607.0505,	5 authorize Florida Stal 01E: Registere 13. 1.1 Ti 1.2 N	d Agent s TILE IAME	signature required	d when reinstiting)	CKAS. FINIBLY BU	DATE	NO DIRECT	ORS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP	egistered agent, or tom familiar with, and Signature, typed or provided DPST GONZALEZ, JUA	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	tion 607.0505,	5 authorize Florida Stal 01E: Registere 13. 1.1 Ti 1.2 N	d Agent a TILE MAME STREET A	signature required	d when reinstiting)	CKAS. FINIBLY BU	DATE	NO DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	uch change wa tion 607.0505, cable. (N RS	5 autorize Florida Stat 0TE: Registere 13. 1.1 TI 1.2 N 1.3 S 1.4 C	d Agent a TILE STREET A TILE	signature required	d when reinstiting)	CKAS. FINIBLY BU	DATE	ND DIRECT	ORS IN 12
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	uch change wa tion 607.0505, cable. (N RS	13. 1.1 TI 12.N 1.3 S 1.4 C 2.1 TI 22.N	TILE AME TILE AME TILE AME TILE AME AME AME	signature required	d when reinstiting)	CKAS. FINIBLY BU	DATE	ND DIRECT	ORS IN 12
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	uch change wa tion 607.0505, cable. (N RS	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S	d Agent a TILE STREET A TILE	ignature required	d when reinstiting)	CKAS. FINISDY GO	DATE	ND DIRECT	ORS IN 12
Office or regent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	uch change wa tion 607.0505, cable. (N RS	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S	ITLE IAME STREET A STREET A STREET A STREET A STREET A	ignature required	d when reinstiting)	CKAS. FINISDY GO	DATE	ND DIRECT	ORS IN 12
Office or regent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	RS DELETE	13. 1.1 1.2 1.3 1.4 1.3 1.4 1.2 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.3 1.4 1.3	ITLE IAME STREET A STREET A STREET A STREET A STREET A	ignature required	d when reinstiting)	CKAS. FINISDY GO	DATE	ND DIRECT Change	ORS IN 12
Office or regent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	RS DELETE	13. 1.1 1.2 1.3 1.4 2.1 1.2 1.3 1.4 2.1 1.3 2.1 1.3 1.3 1.3 1.4 1.3	TILE IAME STREET A CITY-ST-I TILE IAME STREET A CITY-ST-I TILE	DORESS ZP	d when reinstiting)	CKAS. FINISDY GO	DATE	ND DIRECT Change	ORS IN 12
Office or r agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	RS DELETE	13. 1.1 1.2 1.3 1.4 1.3 1.3 1.4 1.3 1.4 1.3	Again a TILE STREET A CITY-ST-ZILE STREET A CITY-ST-ZITLE STREET A CITY-STREET A CITY-ST	DORESS DORESS DORESS	d when reinstiting)	CKAS. FINISDY GO	DATE	ND DIRECT Change	ORS IN 12
Office or r agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	RS DELETE	13. 1.1 1.2 1.3 1.4 1.3 1.3 1.4 1.3 1.4 1.3	TILE AME STREET A CITY-ST- TILE CITY-ST- TILE CITY-ST- TILE CITY-ST- TILE CITY-ST- TILE CITY-ST- CITY-ST-	DORESS DORESS DORESS	d when reinstiting)	CKAS. FINISDY GO	DATE	ND DIRECT Change	ORS IN 12
Office or ragent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	RS DELETE	13. 1.1 1.2 1.3 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5	TILE AME STREET A CITY-ST- TILE CITY-ST- TILE CITY-ST- TILE CITY-ST- TILE CITY-ST- TILE CITY-ST- CITY-ST-	DORESS DORESS DORESS	d when reinstiting)	CKAS. FINISDY GO	DATE	O DIRECT Change	ORS IN 12
Office or ragent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	RS DELETE	13. 1.1 1.2 1.3 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5	TILE AME TITLE AME TITLE TITLE TITLE TITLE AME TITLE	DORESS 2P DORESS 2P	d when reinstiting)	CKAS. FINISDY GO	DATE	O DIRECT Change	ORS IN 12
Office or ragent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	RS DELETE	13. 1.1 1.2 1.3 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.4 1.3 1.4	ITILE IAME STREET AL CITY-ST- TILE IAME TREET AL CITY-ST- TILE TREET AL CITY-ST- TILE TREET AL TR	DORESS ZP DORESS ZP	d when reinstiting)	CKAS. FINISDY GO	DATE	O DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition
Office or r agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	RS DELETE	13. 1.1 1.2 1.3 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.3 1.4 1.4 1.3 1.4	O by Mines. ITLE MAME TITLE TITLE	DORESS ZP DORESS ZP	d when reinstiting)	CKAS. FINISDY GO	DATE	O DIRECT Change	ORS IN 12 Addition Addition Addition Addition
Office or ragent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	LICH CARRIED WARDS (NO. 05.05, 10.05) LEIDHA (NO. RS DELETE DELETE DELETE	9 autorize Florida Star OTE: Registers: 13. 11.TI 12.N 13.5 14.C 21.TI 22.N 23.S 33.C 44.T 4.22.V 43.S 44.C 51.TI	O by Mines. ITLE MAME TITLE TITLE	DORESS ZP DORESS ZP	d when reinstiting)	CKAS. FINIBLY BU	DATE	O DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition
Office or r agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	LICH CARRIED WARDS (NO. 05.05, 10.05) LEIDHA (NO. RS DELETE DELETE DELETE	9 autorize Florida Star 13.	O by thes. ITLE AAME STREET AA CITY-S1-2 TITLE AAME STREET A CITY-S1-7 TITLE WANE STREET A TITLE	LODRESS	d when reinstiting)	CKAS. FINIBLY BU	DATE	O DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition
Office or r agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	LICH CARRIED WARDS (NO. 05.05, 10.05) LEIDHA (NO. RS DELETE DELETE DELETE	9 autorize Florida Star 13.	O By Mutes. TITLE MAME STREET A A CITY-ST-2 TITLE MAME STREET A CITY-ST-7 TITLE MAME STREET A CITY-ST-7 TITLE MAME STREET A CITY-ST-7 TITLE MAME	LODRESS LODRESS LODRESS LODRESS LODRESS LODRESS LODRESS LODRESS	d when reinstiting)	CKAS. FINIBLY BU	DATE	Change	ORS IN 12 Addition Addition Addition Addition Addition
Office of ragent. 1a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	LICH CARRIED WARDS (NO. 05.05, 10.05) LEIDHA (NO. RS DELETE DELETE DELETE	9 autorize Florida Star 13.	O Dy Market A Market	LODRESS LODRESS LODRESS LODRESS LODRESS LODRESS LODRESS LODRESS	d when reinstiting)	CKAS. FINIBLY BU	DATE	O DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition Addition
Office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP	registered agent, or to m familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	DELETE DELETE DELETE	13. 11.TI 12.N 13.5 14.C 21.TI 22.N 23.S 24.4 31.TI 4.2.N 4.3.S 4.4.C 51.TI 52.N 53.S 64.C 61.TI	O Dy Market A Market	LODRESS LODRESS LODRESS LODRESS LODRESS LODRESS LODRESS LODRESS	d when reinstiting)	CKAS. FINIBLY BU	DATE	Change	ORS IN 12 Addition Addition Addition Addition Addition
Office of r agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or im familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU MIAMI FL 33144	note, in the State of accept the obligation of registered agent in OFFICERS AND	ons of, Sec	DELETE DELETE DELETE	9 autorize Florida Star 13.	O Dynamic True True True True True True True True	DORESS ZP DORESS ZP DORESS ZP DORESS ZP	d when reinstiting)	CKAS. FINIBLY BU	DATE	Change	ORS IN 12 Addition Addition Addition Addition Addition
Office or r agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or im familiar with, and Signature, typed or provided DPST GONZALEZ, JUA 888 SW 68 COU MIAMI FL 33144	note, in the State of accept the obligation of t	ons of, Sections of Director	DELETE DELETE DELETE DELETE	9 authorize Florida Star 13. 11.TI 12.N 13.5 14.C 21.TI 22.N 23.S 2.4(31.TI 32.N 33.S 34.C 4.1.T 4.2.N 4.3.S 4.4.C 5.1.TI 5.2.N 5.3.S 6.C 6.1.TI 62.N 6.3.S	TILE AME STREET A A STREET A A STREET A A STREET A A STREET A STREET A A STREET A STREET A STREET A STREET A STREET A A STREET	LODRESS ZP	d when reinstating) ADDITION	S/CHANGES TO	DATE OFFICERS AI	Change Change Change Change	ORS IN 12 Addit

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90205 046 ***150.00