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Secretary of State

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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 # P98000104795

1. Corporation Name

J.D.L.L. ENTERPRISE CORP.

Principal Place of Business

**6810 INDIAN CREEK DR.
#124
MIAMI BEACH FL 33141**

Mailing Address

**6810 INDIAN CREEK DR.
#124
MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1998

4. FEI Number

65-0882247

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
26 Suite, Apt. #, etc.
22 City & State
27 City & State
23 Zip Country
28 Zip Country
24 25
29 30

9. Name and Address of Current Registered Agent

**LINARES, JORGE D
6810 INDIAN CREEK DR.
#124
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

12.2 NAME **LINARES, JORGE D**
12.3 STREET ADDRESS **6810 INDIAN CREEK DR.**
12.4 CITY-ST-ZIP **MIAMI BEACH FL 33141**
12.5 TITLE ☐ DELETE

12.6 NAME
12.7 STREET ADDRESS
12.8 CITY-ST-ZIP
12.9 TITLE ☐ DELETE

12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-ST-ZIP
12.13 TITLE ☐ DELETE

12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-ST-ZIP
12.17 TITLE ☐ DELETE

12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-ST-ZIP
12.21 TITLE ☐ DELETE

12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-ST-ZIP
12.25 TITLE ☐ DELETE

12.26 NAME
12.27 STREET ADDRESS
12.28 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
13.5 TITLE ☐ Change ☐ Addition

13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP
13.9 TITLE ☐ Change ☐ Addition

13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP
13.13 TITLE ☐ Change ☐ Addition

13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP
13.17 TITLE ☐ Change ☐ Addition

13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-ST-ZIP
13.21 TITLE ☐ Change ☐ Addition

13.22 NAME
13.23 STREET ADDRESS
13.24 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 REQUIRED**04-30-99****241-868-6295**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (1/198)