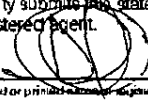


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90137 026 ***150.00

DOCUMENT # P99000016190																											
1. Entity Name JIC FOOD CORP.																											
Principal Place of Business 9350 S. DADELAND BLVD. STE. 201 MIAMI, FL 33156		Mailing Address 9350 S. DADELAND BLVD. STE. 201 MIAMI, FL 33156																									
2. Principal Place of Business 11304 NW 51 TERR Suite, Apt. #, etc.		3. Mailing Address 11304 NW 51 TERR Suite, Apt. #, etc.																									
City & State Miami FL		City & State Miami FL																									
Zip 33178	Country USA	Zip 33178	Country USA																								
4. Name and Address of Current Registered Agent SALAZAR, JOHN F 9350 S. DADELAND BLVD. STE. 201 MIAMI, FL 33156		4. FEI Number 65-0897580 Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name SALAZAR, John Street Address (P.O. Box Number is Not Acceptable) 11304 NW 51 TERR City MIAMI FL Zip Code 33178																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																											
SIGNATURE 		DATE 4/30/03																									
NOTE: Registered Agent Signature required when resigning																											
FILE NOW WITH FEES IS \$450.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/30/03** **305-761-6707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)