FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S41642

1. Corporation J.R.D. DU	JCT WORK, INC.	,					
Principal Place of Business Mailing Address					I (Section 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
14321 SW 49TH STREET 14321 SW 49TH STREET MIAMI FL 33175 MIAMI FL 33175			T		DO NOT WRITE IN TH	IC CDACE	
					DO NOT WRITE IN TH 3. Date incorporated or Qualifed	3 SPACE	
					03/28/1991		
	S. (D. diame)	2a. Mailing Address			4. FEI Number	Anr	olied For
-	ace of Business	2a, Mailing Address 26			65-0253064	1 1 1	Applicable
Suite, Apt. :	H etc	Suite, Apt. #, etc.				\$8.75 A	
	-, etc.	27			5. Certifcate of Status Desired	Fee Red	
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	Added to	*
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year	ntangible	
24	25	29	30	-	Personal Property Tax.		□No .
2.7	g. Name and Address of Currer				10. Name and Address of New Registere	d Agent	
DIAZ, JOSE R 14321 SW 49TH STREET				81 Name 82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33175				83			
				84 City	F	L 85 Zip C	ode
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida, Such change wa ations of, Section 607.0505,	is authorized Florida Statu	tes.	proration submits this statement for the purpose ation's board of directors. I hereby accept the appuinted when reinstating)	of changing its ointment as reg	registered jistered
	Signature, typed or printed name of registered age	ND DIRECTORS	13.	kgent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	P	DELETE		F	ADDITIONO/OFFANGES TO STITICENS	☐ Change	Addition
	DIAZ, JOSE R		1 2 NA				į
NAME	14321 SW 49TH STREET			REET ADDRESS			
STREET ADDRESS	MIAMI FL 33175			Y-ST-ZIP			ļ
CITY-ST-ZIP TITLE	MINIMITE 00170	☐ DELETE				Change	Addition
		<u></u>	2.2 NA	i	•		
NAME				REET ADDRESS			ŀ
STREET ADDRESS				Y-ST-ZIP			
CITY-ST-ZIP		☐ DELETE				☐ Change	☐ Addition
NAME			3.2 NA				
STREET ADDRESS				REET ADDRESS			1
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE				☐ Change	☐ Addition
NAME			4. 2 NA	1		•	
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			1
TITLE		☐ DELETE				☐ Change	Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 STI	REET ADDRESS		•	
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		□ DELETE	6.1 TIT	LE .		☐ Change	☐ Addition

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 attagment with an address, with all other like empowered.

62 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90184 036 ***150.00