

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mornam
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 FEB 10 AM 11:38****DOCUMENT # S79304****(9)**

1. Corporation Name

JORTA INC.

Principal Place of Business

Mailing Address

**8300 SW 8TH AVE
SUITE 303
MIAMI FL 33144
US****8300 SW 8TH ST
SUITE 303
MIAMI FL 33144
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/06/1991

3a. Date of Last Report

02/08/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0287147

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENDEZ-INSUA, ARISTIDES**8300 SW 8TH ST #303****MIAMI FL 33144**

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

MENDEZ-INSUA, ARISTIDES

STREET ADDRESS

8300 SW 8TH ST #303

CITY - ST - ZIP

MIAMI FL

1.1 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

DV

NAME

ORTEGA-TAIN, JOSE

STREET ADDRESS

8300 SW 8TH ST #303

CITY - ST - ZIP

MIAMI FL

2.1 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

DS

NAME

FERNANDEZ-CAUBI, LUIS

STREET ADDRESS

1901 NW 17TH AVE

CITY - ST - ZIP

MIAMI FL

3.1 TITLE

☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

**9150 Fontainebleau Blvd ste 509
MIAMI FL 33172**

TITLE

TV

NAME

MENDEZ-INSUA, JUANA

STREET ADDRESS

8300 SW 8TH ST #303

CITY - ST - ZIP

MIAMI FL

4.1 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information disclosed with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in Block 12 or Block 13 if stamped, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Juana Mendez-Insua, Treas.**2/3/95****305-262,2351**

Date

Daytime Phone #