

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90029 040 \*\*\*150.00

**DOCUMENT #** V42788

1. Corporation Name

**BROWARD & JOHNSON INTERNATIONAL, INC.**

Principal Place of Business  
2952 NW 72 Ave.  
Miami, FL 33122

Mailing Address  
2952 NW 72 Ave.  
Miami, FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/8/92

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

52-1794737

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Armando Hernandez  
520 Biltmore Way  
Coral Gables, FL 33134

81 Name

Armando Hernandez

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

255 Alhambra Circle, Suite 720

83

84 City

Coral Gables

FL

85 Zip Code

33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME Johnny Nowakoski  
STREET ADDRESS 2952 NW 72 Ave.  
CITY-ST-ZIP Miami, FL 33122

1.1 TITLE P/S ☒ Change ☐ Addition  
1.2 NAME Juan Jose Canchica  
1.3 STREET ADDRESS 2952 NW 72 Ave.  
1.4 CITY-ST-ZIP Miami, FL 33122

TITLE D ☒ DELETE  
NAME Alberto Golnick  
STREET ADDRESS 2952 NW 72 Ave.  
CITY-ST-ZIP Miami, FL 33122

2.1 TITLE D/VP/AS ☒ Change ☐ Addition  
2.2 NAME Flor E. De Canchica  
2.3 STREET ADDRESS 2952 NW 72 Ave.  
2.4 CITY-ST-ZIP Miami, FL 33122

TITLE D ☒ DELETE  
NAME Wilmer Palowa  
STREET ADDRESS 2952 NW 72 Ave.  
CITY-ST-ZIP Miami, FL 33122

3.1 TITLE VP/T ☒ Change ☐ Addition  
3.2 NAME Juan De Jesus Canchica  
3.3 STREET ADDRESS 2952 NW 72 Ave.  
3.4 CITY-ST-ZIP Miami, FL 33122

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

Juan Jose Canchica, President

2/23/99

(305) 717-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)