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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G90378** **(2)**

1. Corporation Name

J. P. SHIPPING CONSULTANTS INC.

Principal Place of Business	Mailing Address
7831 NW 72ND AVENUE MEDLEY FL 33166 US	POST OFFICE BOX 60-1337 NORTH MIAMI BEACH FL 33160 US

3. Date Incorporated or Qualified: **01/26/1984**
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business
21 **7831 N.W. 72nd AVENUE**
22 Suite, Apt. #, etc.
23 City & State: **MEDLEY, FL.**
24 Zip: **33166**
25 Country: **DADE**

2a. Mailing Address
26 **P.O. BOX 60-1337**
27 Suite, Apt. #, etc.
28 City & State: **N. MIAMI BEACH, FL.**
29 Zip: **33160**
30 Country: **DADE**

4. FEI Number: **59-2375382** ☐ 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

PEREZ, JORGE
7831 NW 72ND AVENUE
MEDLEY FL 33166

10. Name and Address of New Registered Agent

8.1 Name
8.2 Street Address (P.O. Box Number is Not Acceptable)
8.3 **7831 N.W. 72nd AVENUE**
8.4 City: **MEDLEY, FLORIDA** **FL** 8.5 Zip Code: **33166**

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 an officer) (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	V	☐ Change ☒ Addition
NAME	PEREZ, JORGE		12 NAME	PEREZ, M. LEONARD	
STREET ADDRESS	7831 NW 72ND AVENUE		13 STREET ADDRESS	7831 NW 72ND AVENUE	
CITY-ST-ZIP	MEDLEY FL		14 CITY-ST-ZIP	MEDLEY, FL	
TITLE	TSD	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	PEREZ, MIREYA		22 NAME		
STREET ADDRESS	7831 NW 72ND AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	MEDLEY FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied 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; 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.

SIGNATURE: _____ **PRESIDENT** Vice Pres. 4-22-96 305-885-0565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #