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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(0)

J.A.C MACHINE SHOP, INC.

FILED Apr 30 1998 8:00am Secretary of State



					<u> </u>	
Principal Place of Business Mailing Address						
8115 N.W. 58TH STREET 8115 N.W. 56TH STREET						
MIAMI FL 33166		MIAMI FL 33166		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	O NOL
					12/04/1979	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-1949793	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Coun		,	8. This corporation owes or has paid the co	
24	25	29 3	0			Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent
	D, Ju an C		B1	Name		
2663 W 72ND STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33016						
			63			
			84	City		85 Zip Code
					<u></u> FI	
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 crimted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
10	Signature, typed or printed name of registered ag	ont and title if applicable. (NOTE: I ID DIRECTORS	Registered Age	ont signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12. TITLE	PD OFFICERS AN	DELETE 1.1			ADDITIONO/CHANGES TO CIT IDENS AN	Change Addition
NAME	CID, JUAN C	·—				
STREET ADDRESS	2663 W 72ND ST.		1.2 NAME 1.3 STREET	ADDRESS		
CITY-ST-ZIP	INALPALLE		1.4 CITY - S	l l		
TITLE			2.1 TITLE	,, <u></u>		Change Addition
NAME	AID DEDDO		2.2 NAME			-
STREET ADDRESS	3175 S.W. 114TH AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MAIMI FL		2. 4 CITY-			
TITLE			3.1 TITLE			Change Addition
NAME	61B 4444632		3.2 NAME			
STREET ADDRESS	-3175 S.W. 114TH AVE.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP		
TITLE	☐ DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	_		4.4 CITY - S	ST-ZIP		
TITLE	☐ DELETE		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP				ST-ZIP		
TITLE	DELETE 6.		6.1 TITLE	-		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - 9			
14. I hereby o	certify that the information supplied v	with this filing does not qualify for	the exemp	ition stated it	n Section 119.07(3)(i), Florida Statutes. I further o	ertify 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 proporation 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 it changed, or on an attachment with an address.