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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

| DOCUMENT # F10347 (5) J.J.INTERNATIONAL ENGINEERING SERVICES, INC. Principal Place of Business Mailing Address 1536 EAGLE NEST CIRCLE WINTER SPRINGS FL 32708 2200 WINTER SPRINGS BLV SUITE 106-322 OVIEDO FL 32765-9346 | | | eLYD | | |
|--|--|--|--|---|--|
| | | US | | 3. Date Incorporated or Qualified 11/12/1980 | 3a. Date of Last Report 03/05/1996 |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | | 26 Suite Apt # ste | | 59-2052138 | Not Applicable |
| 22 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | See Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | 7 ip | Country 30 | This corporation has liability for in Florida Statutes | |
| | 9. Name and Address of Currer | and the set of the same of the second and an address of the second and the second | 1991 | 10. Name and Address of New Reg | istered Agent |
| PER | EZ, JOSE J. | | 81 Name | | |
| 1536 EAGLE NEST CIRCLE | | | 82 Street Add | ress (P.O. Box Number is Not Acceptabl | e) |
| WINTER SPRINGS FL 32708 | | | 83 | | |
| | | | A1 0: | | 7-1 7 6 1 |
| | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant office or r agent. I a | to the provisions of Sections 607.05.0 oglstered agent, or both, in the State im familiar with, and accept the oblig | i2 and 607,1508, Fiorida Statu of Florida, Such change was alions of, Section 607,0505, Fl | les, the above-named corp authorized by the corporal orida Statutes. | poration submits this statement for the pution's board of directors. I hereby accep | prpose of changing its registered the appointment as registered |
| SIGNATURE | Signature, typed or printed name of registered age | vot and title if autócable (NO) | II : Hugistared Agent signature requi | ited whee reinstables | DATE |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | PD | DELETE | 1.1 TITLE | | Change Addition |
| NAME | PEREZ, JOSE J. | | 12 NAME | | |
| STREET ADDRESS | 1536 EAGLE NEST CIRCLE WINTER SPRINGS FL | | 13 STREET ADDRESS (1.4 CHY+S1-7P | | |
| CITY-ST-ZIP TITLE | STD | DLLETE | 2.1 11116 | 197 | Change Addition |
| NAME | PEREZ, MARY SARROS | | 2.2 NAME | | |
| STREET ADDRESS | 1538 EAGLE NEST CIRCLE | | 2.3 STREET ADORESS | | |
| CITY-ST-ZIP | WINTER SPRINGS FL | | 2. 4 CITY - S1 - ZIP | | Chaga Addition |
| TITLE NAME | | [] Detete | 3.1 TITLE 3.2 NAME | | Change Addition |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 34. 0(1Y-ST-Z)P | | |
| TITLE | | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETÉ | 4.4 CHY+S1+ZIP 5.1 THLE | | Change Addition |
| NAME | | | 5.2 NAME | | En enserge En reported |
| STREET ADDRESS | | | 5.3 STREFT ADDRESS | | |
| CITY-ST-ZIP | | | 5 4 CITY+ST-ZIP | | |
| TITLE | | DELETE | 611011 | | Change Addition |
| NAME | | | 62 NAMI | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CiTY-ST-ZIP | | | 6.4 C(1Y-S1-ZIP | | |

I do hereby certify that the information supplied with this filling 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 logal effect as if made under eath; 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:

FILED

Apr 18 1997 8:00am

Secretary of State