FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)J.M.C. INTERNATIONAL, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				! {001/30 FIOT (1004 11000 \$11/0 1701) 0101 01011	ONDIA BIBIS OFBIS DIBIS DIBIS SOUS
18035 NW 57 AVENUE MIAMI LAKES FL 33014		16035 NW 57 AVENUE MIAMI LAKES FL 33014		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
- 6	10 - 10 - 11 - 11 - 11 - 11 - 11 - 11 -	Ta Manua Adda		12/17/1980 4. FEI Number	A-all-d Fax
	lace of Business	2a. Mailing Address			Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-2045818	\$8.75 Additional
27		· · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	,	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 Name and Address of Currer	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
		it redistered whent	81 Name	10. Hanne and Address of feet fregleter	zu Agont
	ARRALERO, JORGE				
16363 SEGOVIA CIRCLE SOUTH PEMBROKE PINES FL 33331			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
76	MONONE FINES PL 33331		83		
			84 City	,	85 Zip Code
			'	F	
office or r	to the provisions of Sections 607,050 agistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change wa	s authorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered acc		OTE: Registered Agent signature requ		
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE NAME	CARRALERO, JORGE	P precur	1.2 NAME		Unango Lizavione
STREET ADDRESS	16363 SEGOVIA CIRCLE SO	IITH	1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	0111	1.4 CITY- ST-ZIP		
TITLE	DS	DELETE	2.1 TITLE		Change Addition
NAME	CARRALERO, MAGDA I		2.2 NAME		
STREET ADDRESS 16363 SEGOVIA CIRCLE SOUTH			2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY - ST - ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		Change Addition
NAME	CARRALERO, ANGELA		3.2 NAME	•	
STREET ADDRESS	556 E 11TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		Change L Addition
NAME	CARRALERO, RAFAEL		4. 2 NAME		
STREET ADDRESS	556 E 11 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010	Dri ste	4.4 CITY - ST - ZIP		Chance Addition
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		!
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	. 5.4 C(TY-ST-ZIP		Change Addition
TITLE		merent	6.1 TITLE		
NAME OTOTET ADDRESS		Λ	6.2 NAME		
STREET ADDRESS	(A)	<i>[</i>]	6.3 STREET ADORESS		

I heroby certify that the information sup-indicated on this annual report or suppli-officer or director of the corporation of

s filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an a true true the same legal effect as if made under oath; that I am an a true true true this report as required by Chapter 607, Florida Statutes; and that my name appears in

4-27-60