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

FILED Mar 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** G90378 (2) J. P. SHIPPING CONSULTANTS INC. Principal Place of Business Mailing Address 7831 NW 72ND AVE P.O. BOX 60-1337 MEDLEY FL 33166 NORTH MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1984 2. Principal Place of Business 2a. Mailing Address FEI Number 59-2375382 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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.

81 Name

82

83

City

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

SIGNATURE Signature, typed or profind name of registered agent and little if applicable (NOTE: Registered Agent eignature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE PEREZ, JORGE NAME 12 NAME **7831 N.W. 72ND AVENUE** STREET ADDRESS 1.3 STREET ADDRESS MEDLEY FL 33166 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE ☐ Addition Change TITLE 2.1 TITLE PEREZ. LEONARD M 2.2 NAME NAME 7831 NW 72ND AVE STREET ADDRESS 2.3 STREET ADDRESS MEDLEY FL 33166 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 6.1 TITLE Change 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changing or on an attachment with an address.

SIGNATURE

PEREZ, JORGE 7831 NW 72ND AVE

MEDLEY FL 33166

DRUG FEREZ

3-3-98 301-884-0464

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Yes Yes

Not Applicable