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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G90378 1. Corporation Name

J. P. SHIPPING CONSULTANTS INC.

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90024 033 ***150.00



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Principal Place of Business Mailing Address				320.00.00	
7831 NW 72ND AVE NEDLEY FL 33188		-P.OBOX-60-1337 NORTH-MIAMI-BEACH-FL-33160			DO NOT WRITE IN THIS SPACE
		. 118 = 9300 N W 14+h	8 8300 N.W. 14th STREET		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 01/26/1984
MIAMI, FLORIDA 33126 MIAMI, FLORIDA 2. Principal Place of Business 2a. Mailing Address			./ 331	<u> </u>	4. FE! Number Applied For
<u> </u>	ace of Business	 			59-2375382 Applicable
21 26 Suite Ant # etc		Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.		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	,	8. This corporation owes the current year Intangible
24	25	29 30	1		Personal Property Tax.
<u> </u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
			81		ADD M DEDE7
PEREZ, JORGE					PEREZ ress (P.O. Box Number is Not Acceptable)
7831 NW 72ND AVE			82	555,7,130	
MEDLEY FL 33166			83	8300	N.W. 14th STREET
			84	I	
				MIAM	I FL 33126
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. 1 a	egistered agent, or both in the State of familiar with, and an ept the obligation	tions of, Section 607.0505, Florida	Statute	s.	
SIGNATURE		iard M. Perez/Presi	IDEN'I	?	3/31/99
Signifiture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required					
12.		ID DIRECTORS X DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Machange ☐ Addition
TITLE	P PEDEZ JADAE	LA DECE IE	1.1 TITLE	1 -	
NAME	PEREZ, JORGE		1.2 NAME	1 %	EONARD M. PEREZ
STREET ADDRESS	7831 N.W. 72ND AVENUE				300 N.W. 14th STREET
CITY-ST-ZIP	MEDLEY FL 33166	X DELETE	1.4 CITY-8		IAMI, FLORIDA 33126 Change Addition
TITLE	VP	LANDELETE	2.1 TITLE	. V	r =
NAME	PEREZ, LEONARD M		2.2 NAME		IREYA PEREZ
STREET ADDRESS	7831 NW 72ND AVE				7720 N.BAY RD. # 901
CITY-ST-ZIP	MEDLEY FL 33166	. Delete		ST-ZIP N	ORTH MIAMI BEACH, FT: 33160
TITLE		☐ DELĒTE	3.1 TITLE		Change [] Addition
NAME			3.2 NAME		
STREET ADDRESS	•			TADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY-	SI-ZIP	☐ Change ☐ Addition
TITLE		☐ here is	4.1 TITLE		Country
NAME			4. 2 NAME		
STREET ADDRESS				TADORESS	·
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5	ST-ZIP	☐ Change ☐ Addition
I TILE	_		5.1 IIILE 5.2 NAME		O susuida
NAME				T ADDRESS	
STREET ADDRESS			5.4 CITY-5		
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE	51-ZIF	☐ Change ☐ Addition
TITLE		☐ nere ie	6.2 NAME		,
NAME	-	3 3			24 27
STREET ADDRESS		· ·		TADORESS	•
CITY_ST_ZID			6.4 CITY~	SI-ZIP I	

14. I hereby certify that the information supplied with this filing 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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, with all other like empowered.

SIGNATURE: LEONARD M. PEREZ SIGNATURE AND TYPED OR PRINTED NAME OF

MARCH 31, 1999

305-477-7377

Daytime Phone #