

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

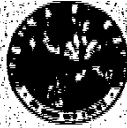
**APPROVED  
AND  
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**95 APR 17 PH 2:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Moxham  
Secretary of State  
**DIVISION OF CORPORATIONS**



**DOCUMENT # K80636 (9)**

1. Corporation Name  
**JCP NORTH AMERICAN, INC.**

Principal Place of Business      Mailing Address

**2704 N.W. 112TH AVENUE MIAMI FL 33172**      **2704 N.W. 112TH AVENUE MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/14/1989**      3a. Date of Last Report **04/13/1994**

4. FEI Number **65-0153792**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip

24. Country      25. Country      29. Country      30. Country

9. Name and Address of Current Registered Agent

**TRENCH, SUSAN E ESQ.  
C/O GOLDSTEIN & TANEN, P.A.  
TWO SOUTH BISCAYNE BLVD., SUITE 3250  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City      **FL**      85. Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE: **PSD**  
NAME: **MENESES, EDITH A**  
STREET ADDRESS: **13425 S.W. 110TH AVENUE**  
CITY - ST - ZIP: **MIAMI FL 33176**

TITLE: **VTD**  
NAME: **KNOWLES, JUDITH C**  
STREET ADDRESS: **2704 N.W. 112TH AVENUE**  
CITY - ST - ZIP: **MIAMI FL 33172**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address.

SIGNATURE **Edith A. Meneses** **04-12-95** **(305) 715-9987**

Signature, typed or printed name of signing officer or director