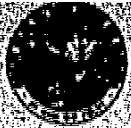


CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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AND
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94 JUN 13 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K82184 (8)

1. Corporation Name
J.C. & SONS INC.

Mailing Address
% JORGE CARVAJAL
4501 SW 94 AVE
MIAMI FL 33165

Principal Place of Business
% JORGE CARVAJAL
4501 SW 94 AVE
MIAMI FL 33165

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/20/1989	02/19/1993
4. FEI Number	Applied Fee
65-0301290	Not Applicable
5. Certificate of Status Desired	6. Election Campaign
\$8.75 Additional Fee Required ☐	Exercising Trust
7. Nonprofit with IRS 501(c)(3)	Fund Contribution ☐
Tax Exempt Status ☐	\$5.00 May Be
8. This corporation has liability for intangible tax under S 199.032,	Added to Fees
Florida Statutes ☐ Yes ☐ No	

2. Mailing Address	2a. Principal Place of Business
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARVAJAL, JORGE, SR. 4501 SW 94 AVE MIAMI FL 33165	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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title (as stated) _____
Signature, typed or printed name of registered agent and title (as stated) _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1994	
11 TITLE	D/P	11 TITLE	
12 NAME	CARVAJAL, JORGE, SR.	12 NAME	
13 STREET ADDRESS	4501 SW 94 AVE	13 STREET ADDRESS	
14 CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
21 TITLE	D/V	21 TITLE	
22 NAME	CARVAJAL, MARTA	22 NAME	
23 STREET ADDRESS	4501 SW 94 AVE	23 STREET ADDRESS	
24 CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 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 Sections 199.032 and 199.033, 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 and no recovery or further compensation to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, as required.

SIGNATURE: Jorge Carvajal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6/6/94 305-559-7766