

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # K83767

(9)

1. Corporation Name

J & C MACHINE SHOP, INC.

95 JAN 13 AM 10:10

Principal Place of Business

% YOLANDA MATOS  
3021 N.W. 27TH AVENUE  
MIAMI FL 33142

Mailing Address

% YOLANDA MATOS  
3021 N.W. 27TH AVENUE  
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1989

3a. Date of Last Report

02/10/1994

4. FEI Number

65-0121910

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATOS, YOLANDA  
3021 N.W. 27TH AVENUE  
MIAMI FL 33142

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 607.1506, 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

*Yolanda Matos*

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | D                     |
| NAME           | MATOS, JUAN           |
| STREET ADDRESS | 6550 S.W. 27TH STREET |
| CITY, ST, ZIP  | MIAMI FL              |
| TITLE          | D                     |
| NAME           | MATOS, YOLANDA        |
| STREET ADDRESS | 6550 S.W. 27TH STREET |
| CITY, ST, ZIP  | MIAMI FL              |
| TITLE          | D                     |
| NAME           | MATOS, CESAR A.       |
| STREET ADDRESS | 6550 S.W. 27TH STREET |
| CITY, ST, ZIP  | MIAMI FL              |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(2)(b), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

*Yolanda Matos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

01-09-91

1-91

Expenses: \$225.00