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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

K94105

(9)

FILED Apr 26 1996 8:00 am Secretary of State

J.A.E.	ENTERPRISES, INC.				
Principal Place	of Business	Mailing Address			91895 BLIV BIRAY BIRAY BIRAY BIRAY BIRAY BIRAY FIRM
3820 S.W. 138TH AVE. 3820 S.W. 138TH AVE. MIAMI FL 33175 MIAMI FL 33175			Ε.		
				 Date Incorporated or Qualified 06/09/1989 	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	., .,	65-0211149	Not Applicable
22		27		Certificate of Status Desired	\$8.75 Additional Fee Required
, City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
•Zip	Country	Zip	Country	8. This corporation has liability fo	r intangible tax under s. 199.032,
24	9. Name and Address of Curre	29	<u> 30</u>		s No
·····	<u> </u>	The riegistered Agent	81 Name	10. Name and Address of New	Registered Agent
ESTEFA	NO, RODOLFO M		ļ		
	W. 138TH AVE.		82 Street A	Address (P.O. Box Number is Not Accepta	ible)
	L 33175		83		
			84 City		
			'		FL 85 Zip Code
familiar with	ed agent, or both, in the State of Flor h, and accept the obligations of Sec Structure, by ad or protections of regulators again	chon 607.0505, Florida Statutes	ed by the corporation's I i.	rporation submits this statement for the probard of directors. Thereby accept the app	pointment as registered agent. Lam
12.		NO DIRECTORS	dt. Rigeteed Agest signature re		DATE
TITLE	PVST	DELF IE	1 1 TITLE	ADMINISTERANCES TO GE	FICERS AND DIRECTORS IN 12 Change Addition
NAME	ESTEFANO, RODOLFO		1.2 NAME		
STREET ADDRESS	3820 S.W. 138TH AVE.		1.3 STREET ADDRESS		
C:TY-ST-ZiP	MIAMI FL 33175		1.4 City - St - ZiP		
TITLE	D	☐ DELETE	2 1 TIFLE		Change Addition
NAME	ESTEFANO, RODOLFO		2.2 NAME		
STREET ADDRESS	3820 S.W. 138TH AVE.		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33175		2.4 CiTY+ST-ZiP		
TITLE NAME		☐ DELETE	3 1 TITLE		Change Addition
			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		,
CITY+ST-ZIP TITLE		DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		
NAME		End Derect	4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS					
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CHY-SI ZIP 5.1 THE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST-ZIP			5.4 CiTY - ST - ZIP		
TITLE		DELETE	6 1 Tifle		☐ Change ☐ Addition
NAME		_	6.2 NAME		El + was El mouton
STREET ADDRESS			6 3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 if changed, open an attachment with an address.

SIGNATURE:

Hollolfo M. Ostefano SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIG OFFICER OR DIRECTO 4/15/96

305-553-4333 Daytine Phone #