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PROFIT CORPORATION . ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K94105

(9)

J.A.E. ENTERPRISES, INC.

FILED
May 12 1997 8:00am
Secretary of State

, 17851 88181 8141 81811 81811	#

	ce of Business	Mailing Address						
3820 S.W. 138TH AVE. 3820 S.W. 138TH AVE. MIAMI FL 33175 MIAMI FL 33175-8467								
	•				3. Date Incorporated or Qualified 06/09/1989		e of Last F 6/1996	Report
2. Principal i	Place of Business	2a. Mailing Address	***************************************	 	4. FEI Number	<u>. L</u>	A	pplied For
1		26			65-0211149		N	ot Applicable
Suite Apt	t. #. etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	X		Additional
2]		27		·····	G. Continuate of clades position		Fee R	equired
_ City & Sta	ate	City & State			6. Election Campaign Financing	_		May Be
<u> </u>		28			Trust Fund Contribution	Ц		to Fees
- 2 ₁ p- '1	Country	Zip	Coun	try	8. This corporation has liability for i		ax under s No	s. 199 .032,
<u> </u>	25 g. Name and Address of Curi	29	30		Florida Statutes 10. Name and Address of New Re		·	***********
EG	TEFANO, RODOLFO M	on neglection regul		1 Name	10.			
	20 S.W. 138TH AVE.							
	AMI FL 33175		18	Street Ad	ldress (P.O. Box Number is Not Acceptab	ile)		
11114	FAMILE GOTTO		<u> </u>	33		<u> </u>		
							1 1 2	
			8	City		FL	85 Zip	Code
IGNATURE	Segmanner typical or printed name of registered	agent and title if applicable. (NO	TE: Registered	Agent signature rec	quired when reinstating)	DATE		
2.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			-
	PVST	AND DIRECTORS DELETE	13. 1.1 Titl	· · · · · · · · · · · · · · · · · · ·			DIRECTO	
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4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. I furner certify that the information indicated on this armuel 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 ecciver 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 or on all attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/29/97 305

335-553-4333