FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 7:36

DOCUMENT # L09038 (5)

1. Corporation Name

JAIME'S MACHINE SHOP, CORPORATION

Principal Place of Business
2036 W. 79TH ST.
7470 W. 15 AVE.
HIALEAH FL 33016
US

Mailing Address
% JAIME G. JAUREGUI
7470 W. 15 AVE.
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/09/1989	3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0140891	☐ 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 2736 W. 79 TH ST.	26 7470 W. 15 AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HIALEAH, FL.	28 City & State: HIALEAH, FL.
24 Zip: 33016 / 25 Country: U.S.A.	29 Zip: 33014 / 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

JAUREGUI, JAIME G
7470 W. 15 AVE.
HIALEAH FL 33016

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 1 TITLE ☐ Change ☐ Addition
NAME	JAUREGUI, JAIME G	1 2 NAME
STREET ADDRESS	7470 W. 15 AVE.	1 3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL 33014	1 4 CITY-ST-ZIP
TITLE	SD	2 1 TITLE ☐ Change ☐ Addition
NAME	JAUREGUI, MARIA M	2 2 NAME
STREET ADDRESS	7470 W. 15 AVE.	2 3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL 33014	2 4 CITY-ST-ZIP
TITLE		3 1 TITLE ☐ Change ☐ Addition
NAME		3 2 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY-ST-ZIP		3 4 CITY-ST-ZIP
TITLE		4 1 TITLE ☐ Change ☐ Addition
NAME		4 2 NAME
STREET ADDRESS		4 3 STREET ADDRESS
CITY-ST-ZIP		4 4 CITY-ST-ZIP
TITLE		5 1 TITLE ☐ Change ☐ Addition
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY-ST-ZIP		5 4 CITY-ST-ZIP
TITLE		6 1 TITLE ☐ Change ☐ Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY-ST-ZIP		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 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: X Jaime Jauregui 03/08/95 (305) 557-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0006792 CP