

FILE NOW: FILING FEE AFTER MAY 1 IS

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May 07, 2000 8:00 am
Secretary of State

05-07-2000 90040 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 2000		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~97000008385~~ **L97290**

1. Corporation Name
JA CACCA INC.

C0083804

Principal Place of Business Mailing Address
**9429 FONTAINEBLEAU BLVD.
N° 104
MIAMI FL. 33172**

3. Date Incorporated or Qualified **8/29/90** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 9429 FONTAINEBLEAU 26 9429 FONTAINEBLEAU

4. FEI Number **65-0217259** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 BLVD. N° 104 27 Blvd. N° 104

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State City & State
23 MIAMI FL. 28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip Country Zip Country
24 33172 25 USA 29 33172 30 USA

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

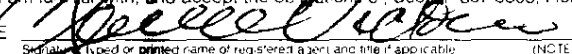
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLEMENCIA VICTORIA
9429 FONTAINEBLEAU BLVD
N° 104
MIAMI FL. 33172**

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 607.1501, 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  (NOTE: Registered Agent signature required when reinstating) DATE **4/10/00**

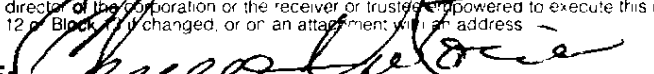
12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	CLEMENCIA VICTORIA	
STREET ADDRESS	9429 FONTAINEBLEAU BLVD #104	
CITY-ST-ZIP	MIAMI FL. 33172	
TITLE	VP	☐ DELETE
NAME	CLEMENCIA VICTORIA	
STREET ADDRESS	9429 FONTAINEBLEAU BLVD.	
CITY-ST-ZIP	MIAMI FL. 33172	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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. 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:  DATE **4/10/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)