

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90225 043 \*\*\*150.00

DOCUMENT # M38592

1. Corporation Name  
J.A.P. CORPORATION

Principal Place of Business

C/O JORGE M. PALMA  
1 NW 79 ST  
MIAMI FL 33150  
US

Mailing Address

C/O JORGE M. PALMA  
1 NW 79 ST  
MIAMI FL 33150  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1986

4. FEI Number

59-2719727

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

PALMA, JORGE M.  
1 NW 79 ST  
MIAMI, FL 33150

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

*George Palma* STD JORGE M. PALMA

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PALMA, JORGE A.  
STREET ADDRESS 5333 COLLINS AVE, APT 208  
CITY-ST-ZIP MIAMI BEACH FL

TITLE STD ☐ DELETE

NAME PALMA, JORGE M.  
STREET ADDRESS 11760 SW 24TH TERR  
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME PALMA, ADRIAN  
STREET ADDRESS 5333 COLLINS AVE APT 408  
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☐ DELETE

NAME PALMA, RAUL  
STREET ADDRESS 9425 SW 8TH TERR  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME PALMA, ROBERTO  
STREET ADDRESS 748 NW 133 AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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; 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, with all other like empowered.

SIGNATURE:

*Raul Palma* DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL PALMA 4-8-99 (305) 764-3243

Date

Daytime Phone #

CR2E034 (11/98)

0221927