Applied For

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**

DOCUMENT # M53353

1. Corporation Name

J.B. CLASSIC ELEGANCE, INC.

Principal	Place	of	Business

2. Principal Place of Business

C/O JOSE F. BARRERO 480-490 C EAST 4TH AVE HIALEAH FL 33010

Mailing Address

C/O JOSE F. BARRERO 480-490 C EAST 4TH AVE HIALEAH FL 33010

2a. Mailing Address

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90118 001 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/05/1987

4. FEI Number

21	26		65-0019154				Not	Applicable			
Suite, Apt. #,			_		5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State						6. Election Campaign Financing Trust Fund Contribution		5.00 to			
Zip 24	Country Zip Count 25 29 30				9 8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No						
Name and Address of Current Registered Agent				 		10. Name and Address of New Register	d Agent				
BARRERO, JOSE F. 420 S.E. 3 STREET				81							
HIALEAH FL 33010			83								
				84	City	F	L 85	85 Zip Code			
office or reg	the provisions of Sections 607.05 pistered agent, or both, in the Stati familiar with, and accept the oblig	e of Florida. Such change	was authorize	d by t	-named corpo he corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of chang cointmen	ing its r t as reg	egistered istered		
SIGNATURE SI	gnature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	d Agent	signature required	when reinstating) DATE					
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTOR	S IN 12		
TITLE	D	[] DEL	ETE 1.1 T	TTLE	<u> </u>			nange	Addition		
NAME {	BARRERO, JOSE F.		1.2 N	IAME	ĺ						
	420 S.E. 3 ST		1.3 \$	TREET	ADDRESS				(
	HIALEAH FL			TY-ST							
	0	DEL			="-		ПС	nange	[] Addition		
NAME [D'AGUERO, MARTHA		2.2 N	IAME	Ì		_	•	_ }		
	420 S.E. 3 ST				ADORESS				1		
	HIALEAH,F L			CITY-ST	1				. }		
TITLE	to the same of the	☐ DEL			·ZF			nange	Addition		
NAME			1 3.2 N		ļ.						
1 -	-				ADDDCCC						
STREET ADDRESS					ADDRESS 7/D				ļ		
CITY-ST-ZIP TITLE		□ DEL		717-81 TD E	-217		ПC	sange	Addition		
NAME		_ 042		VAME				-ungo			
STREET ADDRESS			1		ADDRESS				}		
CITY-ST-ZIP					1						
TITLE		DEL		ITY-ST-	LiF			nange	Addition		
NAME		_ 522	5.2 N		,						
STREET ADDRESS			5.3 \$	TREET	ADORESS .				ļ		
CITY-ST-ZIP				ITY-ST-					}		
TITLE		☐ DEL						ange	Addition		
NAME		<u> </u>	6.2 N	AME)	,		-a-			
STREET ADDRESS		_			1				- 1		
			6.3 S	TREET	NODRESS				1		

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 comparation or the repeiter or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address, with all other like empowered.

ATIJOSE F.EBARREROEPRESIDENT

4/12/99 (305)884-5400