

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Abraham
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED
AND
FILED**

95 MAY -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010944 (6)

1. Corporation Name:

JCM INDUSTRIES, INC.

Principal Place of Business:

**5639 N.W. 74TH AVENUE
MIAMI FL 33166**

Mailng Address:

**5639 N.W. 74TH AVENUE
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Reincorporated: **12/10/1992** 3a. Date of Last Report: **04/27/1994**

4. FET Number: **65-0380282** 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**

6. Does Corporation have liability and insurance for officers and directors under Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business:

21 State: Apt. # etc:

22 City & State:

23

2a. Mailing Address:

26 State: Apt. # etc:

27 City & State:

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9. Name and Address of Current Registered Agent

**SANTANA, SANDRA
5639 N.W. 74TH AVENUE
MIAMI FL 33166**

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 607.01(4) and 607.15(8), 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 requirements of Section 607.01(4), Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be printed name)

Signature of Registered Agent (must be printed name)

12/1

12. OFFICERS AND DIRECTORS	
TITLE	PSTD
NAME	CORNEJO, JOSE A
STREET ADDRESS	5639 N.W. 74TH AVENUE
CITY & STATE	MIAMI FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in new law, Chapter 95-1, Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report in form and content and that my signature shall have the same legal effect as if it were made by the officer or director of the corporation. I am aware of the requirements of this report as required by Chapter 95-1, Florida Statutes, and that my name appears in Block 1 and Block 2 of the report on an annual report with an address.

SIGNATURE:

Jose A. Cornejo - Jose A. Cornejo

5-1-95

Signature of

213-726-9040