**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000007809 (5)**

1. Corporation Name
**JUMBO TRADING, CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 781 NW 123 CT.<br>MIAMI FL 33182 | 781 NW 123 CT.<br>MIAMI FL 33182 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 11/18/1994

2. Principal Place of Business (21): 4793 NW 72nd Ave
2a. Mailing Address (26): 4793 NW 72nd Ave.
4. FEI Number: 65-0384617 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State (23): Miami, Fla.
City & State (28): Miami, Fla.
6. [illegible] ☐ **$5.00** May Be Added to Fees
Zip (24): 33166 County (25): USA
Zip (29): 33166 County (30): USA
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CRONNENBOLD, CYNTHIA
~~781 NW 123 CT.~~
~~MIAMI FL 33182~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4793 NW 72nd Ave
83
84 City: Miami **FL** 85 Zip Code: 33166

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: C. Cronenbold 7/14/95
(Signature(s) required for certificate of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES, DELETIONS | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | CRONENBOLD, CYNTHIA P | 12 NAME | |
| STREET ADDRESS | 781 NW 123 CT. | 13 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL 33182 | 14 CITY ST ZIP | |
| TITLE | SD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BALDIVIESO, JUAN C | 22 NAME | |
| STREET ADDRESS | 9415 FONTAINEBLEAU BL #112 | 23 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL 33172 | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

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:** C. Cronenbold 7/14/95 (305) 597-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

0000420 CP