

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 17 PM 11:26

DOCUMENT # P93000024417 (6)

1. Corporation Name

J.A.C.C. TRADE, CORP.

Principal Place of Business

Mailing Address

**8302 NW 56TH ST
MIAMI FL 33166**

**8302 NW 56TH ST
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1993

3a. Date of Last Report

03/17/1994

2. Principal Place of Business

21 8288 NW 56th STREET

2a. Mailing Address

26 8288 NW 56th STREET

4. FEI Number

65-0399010

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 MIAMI, FLORIDA

City & State

28 MIAMI-FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 33166

Country

25 E.E.U.U.

Zip

29 33166

Country

30 E.E.U.U.

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

9. Name and Address of Current Registered Agent

**CARDENAS, ASTRID
8302 NW 56TH ST
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

CARDENAS, ASTRID

82 Street Address (B.O. Box Number is Not Acceptable)

8288 NW 56th STREET

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 *Astrid Cardenas*

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **CARDENAS, ASTRID**
STREET ADDRESS **8302 NW 56TH ST**
CITY- ST- ZIP **MIAMI FL 33166**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE **DP**
2 NAME **CARDENAS, ASTRID**
3 STREET ADDRESS **8288 NW 56th ASTRID**
4 CITY- ST- ZIP **MIAMI, FL. 33166**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2 1 TITLE
2 2 NAME
3 STREET ADDRESS
4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- ZIP

☐ Change ☐ Addition

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)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Astrid Cardenas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95

(305)717-3339

Date

Daytime Phone #