**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN [illegible] PM 9:33

DOCUMENT # **P93000041584 (2)**

1. Corporation Name

**J & M ENTERPRISES TRADING INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~7007 SW 14TH ST~~ ~~MIAMI FL 33144~~ | ~~7007 SW 14TH ST~~ ~~MIAMI FL 33144~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1993
3a. Date of Last Report: 07/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1227 SW. 21St. TER. | 26 1227 SW. 21St. TER. |
| Suite, Apt. #, etc: 22 MIAMI FL. 33145 | Suite, Apt. #, etc: 27 MIAMI, FL. 33145 |
| City & State: 23 MIAMI FLORIDA | City & State: 28 MIAMI FLORIDA |
| Zip: 24 33145 Country: 25 DADE | Zip: 29 33145 Country: 30 DADE |

4. FEI Number: 65-0421207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ~~RAMON, MARVELYS~~ OUT<br>7007 SW 14TH ST<br>MIAMI FL 33144 | 81 Name: JUAN C. RAMON<br>82 Street Address (P.O. Box Number is Not Acceptable): 1227 SW. 21St. TER.<br>83<br>84 City: MIAMI FL 85 Zip Code: 33145 |

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: [signature] 06/07/95
(Typed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when changing) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. [illegible] | |
|---|---|---|---|
| TITLE | STD | 11 TITLE | ☒ Change ☐ Addition |
| NAME | ~~RAMON, MARVELYS~~ OUT | 12 NAME | OUT |
| STREET ADDRESS | 7007 SW 14TH ST | 13 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL 33144 | 14 CITY ST ZIP | |
| TITLE | PVD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | RAMON, JUAN C | 22 NAME | |
| STREET ADDRESS | 7007 SW 14TH ST | 23 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL 33144 | 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:** [signature] D/Pres. 06/08/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0048402 CP

**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
SECRETARY OF STATE
DIV. OF CORPORATIONS

# DOCUMENT # P93000041640 (2)

1. Corporation Name

**A. FELDMAN QUALITY PRINTERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~250 S OCEAN BLVD #267~~ 100 Gleason St<br>DELRAY BEACH FL 33483 | ~~250 S OCEAN BLVD #267~~ 100 Gleason St.<br>DELRAY BEACH FL 33483 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 06/07/1993 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 65-0416775 | ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 100 Gleason St. | 26 100 Gleason St |
| Suite, Apt. #, etc.<br>22 ~~Delray~~ | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Delray Bch. FL | City & State<br>28 Delray Bch. FL |
| Zip 24 33483 Country 25 USA | Zip 29 33483 Country 30 USA |

**9. Name and Address of Current Registered Agent**

FELDMAN, A
~~250 S OCEAN BLVD #267~~ 100 Gleason St.
DELRAY BEACH FL 33483

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DPT | 11 TITLE | ☐ Change ☐ Addition |
| NAME | FELDMAN, A | 12 NAME | |
| STREET ADDRESS | ~~250 S OCEAN #267~~ 100 Gleason St. | 13 STREET ADDRESS | |
| CITY ST ZIP | DELRAY BEACH FL 33483 | 14 CITY-ST-ZIP | |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY ST ZIP | | 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 | |

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:** Arthur Feldman 6-8-95 407 278-1014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Arthur Feldman

0000230 CP

CR2E034 (3/95)