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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT #          | P93000041584 | (2) |
|---------------------|--------------|-----|
| 1. Corporation Name |              | • • |

| J & M   | ENTERPRISES TRADIN   | NG INC.                   |  |              |   |   |
|---|--|---------------------------|--|--------------|---|---|
| Principa! Place of Business Mailing Address                       |  |                           | T INDIVIDUO JUU COURA HAIN ROBAL DOM             |              |   |   |
| 1227 SW 21ST TERR 1227 SW 21ST TERR MIAMI FL 33145 MIAMI FL 33145 |  |                           |  |              |   |   |
| US  | US US  |                           |  |              | 3. Date Incorporated or Qualified 06/11/1993            | 3a. Date of Last Report<br>06/14/1995                                       |
| 2. Principal Pla  | ce of Business   | 2a, Mailing Address<br>26 |  |              | 4. FEI Number<br>65-0421207                             | Applied For Not Applicable  |
| Suite, Apt. #   | I, etc.  | Suite, Apt. #, etc.       |  |              | 5. Certificate of Status Desired                        | \$8.75 Additional Fee: Required   |
| City & State  |  | City & State              |  |              | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees   |
| Zip<br>24   | Country ·  | Zip                       | Gountry<br>30                                    |              |   | ;   |
|   | 9. Name and Address of C   | Current Registered Agent  |  |              | 10. Name and Address of New F                           | Registered Agent  |
|   |  |                           | 81   | Name         |   |   |
| RAMON   | , JUAN C   |                           | 82   | Street Addre | ess (P.O. Box Number is Not Acceptal                    | ole)  |
| 1227 SI   | N 21ST TERR  |                           |  |              |   |   |
| Miami f   | L 33145  |                           | 83   |              |   |   |
|   |  |                           | 1 1  | City         |   | FL 85 Zip Code  |
| SIGNATURE   | o the provisions of Sections 60:<br>ed agent, or both, in the State of<br>th, and accept the obligations o |                           | Ites, the above-na-<br>ized by the corpor<br>es. |              |   | prose of changing its registered office pointment as registered agent. I am |
| 12.   |  | RS AND DIRECTORS          | 13.  |              | ADDITIONS/CHANGES TO OF                                 | FICERS AND DIRECTORS IN 12  |
| TITLE   | PVD  | ☐ DELETE                  | 1. 1 TITLE                                       |              |   | Change Addition   |
| NAME.   | RAMON, JUAN C  |                           | . 1.2 NAME                                       |              |   |   |
| STREET ADDRESS  | 7007 SW 14TH ST  |                           | 1.3 STREET A                                     | DORESS       |   |   |
| CITY-ST-ZIP   | MIAMI FL 33144   | Dorest                    | 1,4 CITY - ST - 2(P                              |              |   | Change Addition   |
| THILE   |  | DELETE                    | 2. 1 TITLE                                       |              |   | Chang: Addition   |
| NAME  |  |                           | 2.2 NAME   |              |   |   |
| STREET ADDRESS  |  |                           | 2 3 STREFT A                                     |              |   |   |
| CHY-SI-ZIP  |  | DELETE                    | 2.4 CiTY-ST-<br>3. 1 TiTLE                       | - 214        |   | ☐ Change ☐ Addition   |
| TITLE   |  | L., beer it               | 3.2 NAME   |              |   |   |
| NAME<br>PERSON LABORAGE   |  |                           | 3.3 STREET A                                     | ADDRESS      |   |   |
| STREET ADDRESS  |  |                           | 3.4 CITY-ST-                                     |              |   |   |
| CITY-S1-ZIP<br>TITLE  |  | [~] DELETE                | 4. 1 TITLE                                       | . 20         |   | Change Addition   |
|   |  |                           | 4.2 NAME   |              |   |   |
| NAME<br>CIDILLI ADODECC   |  |                           | 4.3 STREET A                                     | ODRESS       |   | •   |
| STREET ADDRESS  |  |                           | 4.4 CITY - ST-                                   |              |   |   |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE                  | 5 1 TITLE  | E (1         |   | Change Addition   |
|   |  | ب المعاد ب                | 5 2 NAME   |              |   |   |
| NAME<br>PERFECT AND DECCE   |  |                           | 53 STREET A                                      | ADDRESS !    |   |   |
| STREET ADDRESS  |  |                           | 5.4 City-St                                      | i            |   |   |
| CITY-ST-ZIP   |  | DELETE                    | 6. 1 TITLE                                       | 4"           |   | Change Addition   |
| TITLE   |  | DLLEIL                    |  |              |   |   |

CITY-S1-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Boy 13 if changed, or granulatechment with an address.

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

GHATHE AND THE OR HANTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

505-382-1783

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