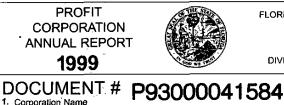
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

J & M ENTERPRISES TRADING INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90051 046 ***150.00

Principal Place	e of Business	Mailing Address								
1227 SW 21ST	TERR	1227 SW 21ST TERR								
MIAMI FL 33145		MIAMI FL 33145				DO NOT MIDITE IN THIS STACE				
US		US	US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						06/11/1993				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For				
21		26	26			65-0421207		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8	.75 A	dditional	
22		27	27			5. Certifcate of Status Desired	, ,	ee Re	quired	
City & State			City & State			6. Election Campaign Financing	S.	5 00	May Be	
	-	⊢ ′	28			Trust Fund Contribution Added to Fees				
Zip Country		Zip				8. This corporation owes the current	vear Intangible	9		
_	25	_ _	30	•		Personal Property Tax.	. □Ye		No	
24	9. Name and Address of Curre		1			10. Name and Address of New Regi	stered Agent			
	5. Name and Address of Curv	The Registered Agent		81	Name					
DAR	ON, JUAN C									
	' SW 21ST TERR		82 Street Ac			ddress (P.O. Box Number is Not Acceptable))		ì	
	• • • • • • • • • • • • • • • • • • • •									
MAIM	AI FL 33145			83					ĺ	
	•		ŀ	84	City		FL 85	Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the ab	ove-	-named co	orporation submits this statement for the purp	oose of chang e anonintmen	ing its Las red	registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statu	ites.	ile corport	ation's board of directors. I hereby accept the	/_85	•)	
SIGNATURE	Man Suck V	mais)				7. 20	> //			
- 10		gent and title if applicable. (NOTE: F	· •	Agent	signature req	ADDITIONS/CHANGES TO OFFICE	DATE	FCTO	RS IN 12	
12.		AND DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFFICE		hange	Addition	
TITLE	- 1		1.1 TIT				LI	lange	Addison	
NAME	ramon, Juan C		1.2 NA	ME					ĺ	
STREET ADDRESS	7007 SW 14TH ST		1.3 STF	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33144	1.4 C		1.4 CITY-ST-ZIP						
TITLE			2.1 TITL	LE			□c	hange	☐ Addition	
NAME			2.2 NA	ME	1				1	
STREET ADDRESS			2.3 STE	REET	ADDRESS					
			2. 4 CIT		1					
CITY-ST-ZIP		☐ DELETE	3.1 TITI		1-21			hange	Addition	
TITLE			3.2 NA				_	-	_	
NAME										
STREET ADDRESS					ADDRESS					
C/TY-ST-ZIP			3.4. CIT		r-ZIP			hange	Addition	
TITLE		☐ DELETE	4.1 T(T)		1			uanyc	☐ Vaquinon	
NAME			4. 2 NA	ME					ļ	
STREET ADDRESS			4.3 STF	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP					
TITLE		☐ DELETE	5.1 TIT	LE		•		hange	☐ Addition	
NAME	<u>.</u>		5.2 NA	ME						
STREET ADDRESS			5.3 STT	REET	ADDRESS					
			5.4 CIT	Y-ST-	-ZIP					
CITY-ST-ZIP		☐ DELETE	6.1 TITI		 +			hange	Addition	
			6.2 NA				-		_	
NAME					LOBOLCO					
STREET ADDRESS			63 ST	KEET,	ADDRESS					

14. Thereby certify that the information supplied with this filing 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 originged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)