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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000033392**1. Corporation Name

J.C. CUTTING SERVICES INC.

Principal Place of Business

Mailing Address

2228 NE STH AVE

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90012 005 ***150.00



2328 N.E. 61H AVE. 2320 N.E. 61H AVE. MIAMI FL 33137 MIAMI FL 33137					DO NOT WRITE IN THIS SPACE			
	· ·				3. Date Incorporated or Qualifed			
					05/03/1994			
0.0:: 1.01		2a. Mailing Address	ailing Address		4. FEI Number	App	lied For	٠
2. Principal Pla	ace of Business	<u> </u>	lytening / tour oos		65-0488019	Not	Applicable	
21		Suite, Apt. #, etc.			\$8.75 Ad	dditional		
Suite, Apt. #	4 · · · · · · · · · · · · · · · · · · ·	- 7			5. Certifcate of Status Desired	Fee Req		
22		27 City & State	City & State		6. Election Campaign Financing	\$5.00 N	May Bo	
City & State	· 174 · .	⊢ ₁ ′	- 1 '		Trust Fund Contribution	Added to	, ,	
23		Zip Country		8. This corporation owes the current year		7		
Zip	Country			ury	Personal Property Tax.	∏ Yes [No No	
24	25		10		10. Name and Address of New Registe			
<u> </u>	9. Name and Address of Current	Registered Agent		31 Name	To. Idanic diserrations of the same		•	
	in the second		ľ'			<u>:</u>		ı
	O, JORGE		1	Street Ad	dress (P.O. Box Number is Not Acceptable)			ı
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. MIAN	II FL 33137		ļ'	83		"我们就是是 "		i
		•	<u> </u>	84 City	1 1 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	85 Zip C	ode	l
					·	<u> </u>		ı
11 Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the ab	ove-named co	rporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its r	registered	l
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida. Such change was au	thorized da Statu	by the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the a	ppolitiment as reg	, istered	l
agent. I ar	n familiar with, and accept the colligation	ons or, Section 607.0505, Flore	ua Otatu			,		1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 6	Registered /	gent signature requ	ired when reinstating) DAT			á
	OFFICERS AND		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12	Įğ
12.		DELETE	- 1,1 TITI	.E	74 4 5 5	☐ Change	☐ Addition	1
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NAME		•	2.2 NAJ			•		
STREET ADDRESS				REET ADDRESS		• *		
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071LE 7 710			6.4 CF	ry-ST-ZIP				

I hereby 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 changed or on any attachment with an address, with all other like empowered.

SIGNATURE