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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000006070 (3)

J.S. INTERIOR CARPENTRY, INC.

Principal Place of Business Mailing Address

FILED Apr 30 1998 8:00am Secretary of State



SOI SW 1ST STREET APT. 502 MIAMI FL 33130			501 SW 1ST STREET APT. 502 MIAMI FL 33130				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 01/24/1995			
9 Principal Pl	ace of Business	20	, Mailing Address				4. FEI Number	I Ar	plied For	
			26				65-0548918		t Applicable	
Suite, Apt. #, etc			Suite, Apt #, etc.			•	f	\$8.75		
22							5. Certificate of Status Desired	Fee Re	equired	
City & State	1	28	City & State				B. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country		Ziρ	Cour	ntry	·	8. This corporation owes or has paid the c	urrent year Int	angible	
24	25	29		30			Personal Property Tax due June 30.	☐ Yes 5	₹ No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
SF	PULVEDA, JUAN A				81	Name				
	1 SW 1ST STREET APT. 502			}	82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	AM# FL 33130				83	Di Cot / tadi				
i					63					
ı					84	City	F	85 Zip i	Code	
11. Pursuant t	o the provisions of Sections 607 05	502 and (607.1508, Florida Statu	ites, the ab	OVE	e-named corp	poration submits this statement for the purpose	of changing it	ts registered	
office or re	egistered agent, or both, in the Sta in familiar with, and accept the obli	te at Flor	ida. Such change was	authorized	ΙDV	v the corporati	tion's board of directors. I hereby accept the ap	pointment as	registered	
_	Trigitimal With and decept the con-	ganom	DI, 00001011 001.000011			-				
SIGNATURE	Signature, typed or printed numer of registered a	igent and life	lu if applicable (NO	TL. Registered	Ape	ant signature requir	red when reinstating) DATE			
12.	OFFICERS A	ND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PT	•	☐ DELETE	1.1 111	LE			☐ Change	■ Addition	
NAME	SEPVLYEDA, JUAN A.			1.2 NA	ME					
STREET ADDRESS	501 SW 1ST STREET #50	2		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			1.4 CII	Y-S	ST-ZIP				
TITLE	S		☐ DELETE	2.1 TIT	LΕ			☐ Change	Addition	
NAME	SEPULVYEDA, GLORIA			2.2 NA	ME					
STREET ADDRESS	501 SW 1ST STREET, #50	02		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			2 4 C	TY-	ST-ZIP				
TITLE	V		☐ DELETE	3.1 111	LE			Change	Addition Addition	
NAME	ramirez, pablo			3.2 NA	ME					
STREET ADDRESS	501 SW 1ST STREET, #56	02		3 3 ST	REET	F ADDRESS				
CITY-ST-ZIP	MIAMI FL			34.C	TY~	ST-ZIP				
TITLE	V		☐ DELETE	4.1 111	LE			☐ Change	Addition	
NAME	Palma, Jaime			4. 2 N	AME					
STREET ADDRESS	2538 SW 3RD STREET, #	1		4.3 ST	REET	T ADDRESS				
CITY-ST-ZIP	MIAMI FL					ST-ZIP			1.440*	
TITLE			DELETE	5.1 TIT				Change	Addition	
NAME				5.2 NA						
STREET ADDRESS				5.3 ST	REET	T ADDRESS				
CITY-ST-ZIP						ST - ZIP			A 4 40°	
TITLE			☐ DELETE	6.1 T()				Change	☐ Addition	
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 ST	REET	T ADDRESS				
CITY-ST-ZIP				6.4 Cf	TY - 5	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 an attachment with an address.

SIGNATURE: X