**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000007323

1. Corporation Name

JESEMCA INT'L TRADING, INC.

## Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90008 024 \*\*\*150.00



Principal Place	e of Business	Mailing Address						
8315 NW 64 S	т.	8315 NW 64 ST.						
BAY # 8 BAY # 8						DO NOT WORT	IN THE SPACE	
MIAMI FL 33166 MIAMI FL 33166						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 01/27/1995		
	lace of Business	2a. Mailing Address	. 12	<b>3</b> 1 5.	/ C * . C	4. FEI Number		Applied For
21 135	SUUSVA 131 AVEUUE	26 12135 9	<u> </u>	<u>)   Al</u>	(ENUE	65-0553576		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	,	5 Additional Required
22		City & State				C. Flastica Compaign Figureing		<del></del>
City & State	TOPPOA	28 MPAM9	FLC	1291	<b>⊃.</b> Δ−	6. Election Campaign Financing Trust Fund Contribution		May Be
23 MTAN Zip	Country	Zip	Cour	ntry		8. This corporation owes the current		1
24 331	86 25 USA	29 33186	30 ()	9	١.	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	<u> </u>				10. Name and Address of New Reg	istered Agent	
				81 Na	me			
abondano, jairo				97 64	ook Addro	ress (P.O. Box Number is Not Acceptable)		
11683 SW 143 AVE			ł	82 Street Add		ss (F.O. Box Number is Not Acceptable	7)	
MIA	MI FL 33186		-	83				
			_	84 Cit			85 Z	ip Code
				Į.			FL()	· ]
11. Pursuant	to the provisions of Sections 607.0002	Elorida, Such channe was a	as, are ab athorized	hy the i	corporation	ration submits this statement for the pur n's board of directors. I hereby accept the	he appointment as	registered
office or reagent. I as	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	nda Statu	tes.		1/18	199 DATE	
agent. I a	m familiar with and accept the obligation	ons of, Section 607.0505, Flor and title if applicable. (NOTE:	nda Statu	tes.		when reinstating)  ADDITIONS/CHANGES TO OFFIC	199 DATE	
agent. I au SIGNATURE 12.	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor and title if applicable. (NOTE:	Registered	Res.		when reinstating)	199 DATE	TORS IN 12
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14. 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 suppliemental 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, with all other like empowered.

SIGNATURE: