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 # P95000014427 (5)

J V INT'L TRADING CORP.

FILED Feb 02 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
13907 S.W. 2		13907 S.W. 252 STREET			
MIAMI FL 330	332	MIAMI FL 33032		DO NOT WRITE IN	THIC COACE
				3. Date Incorporated or Qualified	THIS STACE
				02/21/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1393	55W 2525T	26 13935 SU	1252ST	65-0560245	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<i></i>		SR 75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State	·	City & State	-,	6. Election Campaign Financing	\$5.00 May Be
23 /Y) 1 P3	mi Fr.	28 MIAMI	<u>L</u>	Trust Fund Contribution	
zip 33/	Country	70000	Country 1	8. This corporation owes or has paid the	
24 33/)	32 25 Jacks	29 33/34 13	o Jack	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
VILA, JAVIER J				ILA VORBE V	
555 N.E. 15TH STREET 82 Street Ad			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIA	AMI FL 33132		83 1 20		<u>, </u>
			- 1° 139.	35 SW 252 ST	ļ
			84 City h	1	FL 85 27500 2
44.5	10	1007 2500 51 11 0		1 17 m	
11. Pursuant to office or re	to the provisions of Sections 607,0502 egistered agent, or b oth, in the State o	and 607.1508, Florida Statutes of Florida. Such change was aut	, the above-hamed corp horized by the corporat	poration submits this statement for the purportion's board of directors. I hereby accept the	o appointment as registered
agent I ar	m familiar with, and accept the obliga	tion of Section 607.0505, Florid	da Statutes.	10	1200
SIGNATURE .	_ NHU	la V	ORGE VI	Δ <u>//</u>	-23-70
12.	Signature, typed or printed name of redistered agen OFFICERS AND		Registered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	VILA, JAVIER	_	1.2 NAME		
STREET ADDRESS	555 N.E. 15TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	VILA, JORGE		2.2 NAME		
STREET ADDRESS	11961 S.W. 94TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	asific that the information outpolied will	this filing does not qualify for i		Section 110 07/31/i) Florida Statutas I furth	or portify that the information

Interest certify that the information supplied with this filling 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.

1-12-98