## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION 4
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

•	1996		DIVISION OF	CORPORATIONS	•			
DOCUN 1. Corporation	MENT #	950000	36496 (4	)	•••••	- -		
J C IM	PORT EXPORT	CORP.						
								<u> </u>
Principal Place	of Business	1	∕ailing Address					di 01010 10110 0111 10 <b>1</b> 1
9300 W. FLAGLER ST. 9300 V			9000 W. FLAGLER ST.					
#215 Miami Fl 33174			#215 MIAMI FL 33174					
MINMI FL 30474						3. Date Incorporated or Qualified	3a. Date of La	ist Report
2. Principal Pla	ace of Business	2:	Maling Address			05/09/1995 4. FEI Number	<u> </u>	Applied For
21 9300		ST 26	1	agler St		65-0578519	ŀ	Not Applicable
Suite, Apt. #			Suite, Apt. #, etc.	1		5. Certificate of Status Desired		3.75 Additional
City & State		27	Orty & State			Election Campaign Financing	ł	Fee Required
23 MIG	mi, FL	28	1 1/2/4 * * * * *	, FL		Trust Fund Contribution		5.00 May Be Added to Fees
Zip 331	Count	17 // 1.	2p 22174	Gountry SF	+	8. This corporation has liability for in		ler s. 199.032,
<u>24</u> 5 <u>221</u>		ess of Current Regi	stered Agent	30 03	1	Florida Statutes Yes  10. Name and Address of New Ro		<del></del>
				81 Nan	ne	TV. Common and Production of the Common and the Com	giotores Agen	
SANCHE	EZ, JAMILLETTE			<b>82</b> Stre	et Addre	ss (P.O. Box Number is Not Acceptabl		
9300 W. FLAGLER ST.					or Actual	33 (1.0. DISK Holling) is Holling to place		
<b>#</b> 215				83				
MIAM! F	L 33174			84 City			<b>-,</b> 85	Zıp Code
11. Pursuant to	o the provisions of Sec	tions 607 0502 and 6	07.1508. Florida Statute	s the above named	Logradical	tion schmits this statement for the num	FL 85	Lite registered office.
or registere familiar witi	ed agent, or both, in the	e State of Florida, Suc lations of Section 603	ch change was authorize 7.0505, Florida Statutes.	ed by the corporation	n's board	tion submits this statement for the purp of directors. I hereby accept the appo	intment as regist	tered agent Lam
SIGNATURE	n, and accept the cong	, December 50	10005 Florida Gearmon.					
	Signature, typed or protectionals			E. Rogestanes Agent signal.	zo, responsed s		DATE	
12. Trīlē	D VICE -PR	OFFICERS AND DIRE	CTORS    DELETE	13.		ADDITIONS/CHANGES TO OFFI		
NAME [	SANCHEZ, JAMI			1.2 NAME			☐ Cha	ngs 🔲 Aubieon
STREET ADDRESS	9300 W. FLAGLE			1.3 STREET ACTORES	48			
CITY - ST - ZIP	MIAMI FL 33174			1.4 CiTY - ST - ZIP				
TITLE	D PRESIDE		☐ DEFEI€	2 1 Till(E			☐ Cha	inge 🔲 Addition
NAME	MONGELOS, CA	RLOS R		2.2 NAME	Ì			
STREET ADDRESS	9300 W. FLAGLI	ER ST. #215		2.3 STREET ADDRES	SS .			
CITY - ST - ZIP	MIAMI FL 33174			2.4 CITY - ST-ZIF				
TITLE NAME			□ DELETE	3 1 TITLE			☐ Cha	inge []] Addition
STREET ADDRESS				3.2 NAME 3.3 STREET ADORE	ec			1
CITY - ST - ZIP				3.4 CIFY - 51 - ZIF	-1.0			
TITLE	——————————————————————————————————————	····	DELETE	4 1 THUE			[] Cha	nge Addition
NAME				4.2 NAME				
STREET ADDRESS				4.3 STPEET ADDRES	ss .			i
CHTY-ST-ZIP			- / - <del></del>	4.4 CI1Y - ST - ZIP				
TITLE			DECE TE	5 1 TALE			☐ Cna	nge 🔲 Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STHEET ADDRES	áŜ			Į
CITY-ST-ZIP TITLE			DECEMB	5.4 CITY - ST - ZIP 6.1 TITLE ;		70000100	7000	uga D Addition
NAME			occur	62 NAME		70000186 -06/19/960109	52~~U30 ∙ L © © √L	lige Addition
STREET ADDRESS				6.3 STREET ADDRES	36	***200.00	J. U.JU	7/,
City-St-Zip				64 CiTY - SI - 7:P		~~~£00°00		(1)
	certify that the informa	ation supplied with thi	s filing is voluntarily furnis	shed and does not o	qualify for	the exemption stated in Section 119.0	7(3)(k), Florida S	tatules. I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 37(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is five and accourage 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OF PIEER OR DIRECTOR

5/4/96

(305)2019148