P CORF ANNU	NOW: FILING FEE A	FLORIDA DEPARTME Sandra B. Mc Secretary of DIVISION OF CORF	NTOF STATE out to	200.	
DOCUMENT # P95000049131 (2)					
J.C. TRI	ucking inc.				
Principal Place of Business Mailing Address				**	I OQUIF REGIE IBION AINAN FILDI IJEF UDDI
S907 KUMQUAT RD WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413			3	3. Date Incorporated or Qualified 06/22/1995	a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address 26		4. FEI Number 65-05913	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	+	Country	8. This corporation has liability for inta Florida Statutes Yes [
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
RAMOS, JOSE A			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
5907 KUMQUAT RD WEST PALM BEACH FL 33413			83		
			84 City		FL 85 Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 a country or both, in the State of Florida n, and accept the obligations of, Section	and 607,1508, Florida Statutes, the L Such change was authorized by n 607,0505, Florida Statutes.	above-named corpora the corporation's boar	ation submits this statement for the purpo d of directors. I hereby accept the appoint	se of changing its registered office iment as registered agent. I am
SIGNATURE &	a gnattye, wed to jurylod the service steroid agenit a	vd title if appicable (NOTE: Reg	istered Agent signature required	when reinstating)	9-25-)6 DATE
12.	OFFICERS AND		13. 1.1 DLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
NAME	PD RAMOS, JOSE A	E.J SECTIO	1.2 NAME		
STREET ADDRESS	5907 KUMQUAT RD	1	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WEST PALM BEACH FL 33413 VD	DELETE	1.4 CITY - S1 - ZIP 2 1 TITLE		Change Addition
NAME	RAMOS, CARLOS F		2.2 NAME		•
STREET ADDRESS CITY-ST-ZIP	5917 KUMQUAT RD WEST PALM BEACH FL 33413		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	TEVI I INDII WA IVITTE VVITV	☐ DELETE	3 1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CHY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE 4.2 NAME		Change Addition
NAME STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIP		F-1 Date CVC	4.4 CITY - ST - ZIP		Charles ED Market
TITLE NAME		☐ DELETE	5. 1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS	•	1	5.3 STREET ADDRESS		
CITY-S1-ZIP		FT Driett	5.4 CiTY-ST-2IP	AL AA1AWW.	Change
TITLE NAME		☐ DELLETE	6 1 TIFLE 62 NAME		Change Addition
STREET ADDRESS			63 STREET ADDRESS		
City-St-ZiP	y certify that the information pumplied u	ith this filma is valuntarily furnished	64 CITY-ST-ZIP	or the exemption stated in Section 119.03	(3)/k). Florida Stalutes, Lfurther
14. Fide hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: VIOLYTED BIS PRINTED HAME OF SIGNING OFFICER OR DIRECTOR NAME OF SIGNING OFFICER OR DIRECTOR					