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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000081305 (1)

J.C. TRANSFERS, INC.

Principal Place of Business Mailing Address 6700 SW 70TH AVENUE 6700 SW 70TH AVENUE MIAMI FL 33143-3015 MIAMI FL 33143 3a. Date of Last Report 3. Date Incorporated or Qualified 10/20/1995 07/31/1996 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0615907 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 30 Florida Statutes 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HERNANDEZ, JUAN C **6700 SW 70TH AVENUE** B2 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sogliveory, typed or proceed on unifoling attendingent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TILLE 1.1 TITLE HERNANDEZ, JUAN C 1.2 NAME NAME 6700 SW 70TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33143 CITY - ST - ZIP 1.4 CITY-ST-ZIP ☐ DELETE VD Change \_\_\_ Addition 2.1 TITLE TITLE HERNANDEZ, MARITZA C NAME 2.2 NAME 6700 SW 70TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33143** 2. 4 CITY-ST-ZIP COTY - ST - ZIP DELETE 3.1 TITLE Change Addition 70118 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS City - ST- 7IP 3.4. CITY-ST-ZIP DELETE Change Addition THILE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADDRESS C:TY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the post or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ratify or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this innual l am an officer or directo appears in Block 12 or Blo or on an attachment with an address

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 05 1997 8:00am

Secretary of State