## 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 #** Pashhonannas (a)

Principal Place of Business	Mailing Address	
9500 SW 48 ST MIAMI FL 33165	9500 SW 48 ST MIAMI FL 33165	

## **FILED** Mar 12 1998 8:00am Secretary of State

J.C. &		NUM CORP.	00000002	.0 (9)				) (18 1 18 1 1 8 2 1 1 8 2 1 1 1 1 1 1 1 1	
Principal Plac	ce of Busines	S\$	Mailing Add	ress			i iodiodi die idiel dial oblik delli delli felia d		
9500 SW 48 ST 9500 SW 48 ST									
MIAMI FL 33165 MIAMI FL 33165									
							DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualified		
2. Principal F	Place of Busin	noss	2a. Mailing A	Addrage			11/27/1995 4. FEI Number		
21		<u> </u>	26				Applied For		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			65-0626452	Not Applicable  \$8.75 Additional	
22			27	27			5. Certificate of Status Desired	Fee Required	
<del></del> -			City & St	City & State			6. Election Campaign Financing	\$5.00 May Be	
23			28				Trust Fund Contribution		
Zip		Country	Zip		Country		8. This corporation owes or has paid th		
24	Q Name	25	29  urrent Registered Age		30		Personal Property Tax due June 30.	Yes No	
Dr			THEIR HEGISTERS AGE	orit	81   N	lame	10. Name and Address of New Regist	ered Agent	
	ENC <b>O</b> MO, J 600 SW 48 :								
	AMI FL 331				<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
1711.	MINI FE 33 I	03			83				
					84 C	City		FL 85 Zip Code	
11. Pursuant	to the provis	ions of Sections 607	.0502 and 607.1508, F	lorida Statut	es, the above-na	amed corporati	oration submits this statement for the purpo on's board of directors. I hereby accept the	ose of changing its registered	
agent. I a	am familiar wi	th and accopt the c	obligations of, Section 6	607.050 <b>5, F</b> k	orida Statutes.	е согроган	on's board or directors. I hereby accept the	e appointment as registered	
SIGNATURE	K/Q/A	ven.							
12.	Signature typod		S AND DIRECTORS	(NOT	Registered Agent si	gnature require	d when reinstating) D. ADDITIONS/CHANGES TO OFFICERS	ATE	
TITLE	PD			DELETE	1.1 TITLE		ABBITIONS/GITAINGES TO GITTOETIC	Change Addition	
NAME	BENCO	MO, JUAN C			1.2 NAME				
STREET ADDRESS	9500 SV				1.3 STREET ADD	RESS			
DITY-ST-ZIP	MIAMI F	L 33165			1.4 CITY-ST-ZI	P			
TITLE				DELETE	2.1 TITLE			Change Addition	
NAME					2.2 NAME	ĺ			
STREET ADDRESS					2.3 STREET ADD	RESS			
CITY-ST-ZIP				Taki ma	2.4 CITY-ST-Z	P. L			
TITLE			L	DELETÉ	3.1 TITLE			☐ Change ☐ Addition	
NAME CTREET ADDRESS					3.2 NAME			ļ	
STREET ADDRESS					3.3 STREET ADD				
CITY-ST-ZIP TITLE	7			DELETE	3.4. CITY - ST - ZI 4.1 TITLE	P		Change Addition	
NAME			l-u-		4.1 IIILE 4.2 NAME			Change Addition	
STREET ADDRESS					4.3 STREET ADD	DEGC			
CITY-ST-ZIP					4.4 CITY-ST-ZI				
TITLE		·		DELETE	5.1 TITLE	-		☐ Change ☐ Addition	
NAME					5.2 NAME				
STREET ADDRESS					5.3 STREET ADD	RESS			
CITY-ST-ZIP	<u></u>				5.4 CITY - ST - ZIF				
TITLE		-		DELETE	6.1 TITLE		300002456	Addition Addition	
NAME					6.2 NAME	1	300002456: -03/13/9801011 ***150.00	-030 NS	
STREET ADDRESS					6.3 STREET ADDI	aess	***150.00	42.12	
CITY-ST-ZIP	• •				6.4 CITY-ST-ZIF	,	er er er er er er er	1.5	

14. I 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 supplemental annual sport 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 frustee 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: C