

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

FILED
Apr 24 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000007007 (3)**

1. Corporation Name

J.F.J. TRADING CORP.

Principal Place of Business

**7296 BIRD ROAD
MIAMI FL 33155**

Mailing Address

**7296 BIRD ROAD
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---------------------------------------|----------------------------|----------------------------|-------------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/19/1996 | |
| 21 | 8510 N.W. 66 Street | 26 | 8510 N.W. 66 St. | 4. FEI Number 65-0642998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | MIAMI, FL 33166 | 28 | MIAMI, FL 33166 | 7. Trust Fund Contribution <input type="checkbox"/> | |
| 24 | 331 | 29 | 331 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Country | | Country | | | |
| 25 | | 30 | DADE | | |

9. Name and Address of Current Registered Agent

**LOPEZ, ULISES
5822 W. 3RD AVE.
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name **JOSE M. TORRENS**

82 Street Address (P.O. Box Number is Not Acceptable)
7020 S.W. 112 CT.

83

84 City **MIAMI,** **FL** **85 Zip Code** **33173**

11. Pursuant to the provisions of Sections 607.1502 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 understand, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jose M. Torrens, President

3/24/98

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TORRENS, JOSE M | 1.2 NAME | |
| STREET ADDRESS | 6835 S.W. 45TH LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33155 | 1.4 CITY-ST-ZIP | |
| TITLE | VP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESSEVERRI-TRIARTE, JOSE Y | 2.2 NAME | |
| STREET ADDRESS | 1207 S.W. 131ST PLACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33164 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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 person or persons 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 the first change of an address.

SIGNATURE

Jose M. Torrens Pres 3/16/98 (305) 463-1001

CR2E034 (10/97)