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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016315 (9)

1. Corporation Name
J & Y CLASSIC MACHINE SHOP, CORP.

Principal Place of Business	Mailing Address
202 WILSHIRE ROAD CASSELBERRY FL 32707	202 WILSHIRE ROAD CASSELBERRY FL 32707

3. Date Incorporated or Qualified: 02/22/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1255 Belle Ave
Suite, Apt. #, etc.
22 185
City & State
23 Winter Springs, FL
Zip 24 32708 Country 25 U.S.A

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3378532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIVERO, ESTEBAN
202 WILSHIRE ~~ROAD~~ Dr
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: MARILYN Gomez
82 Street Address (P.O. Box Number is Not Acceptable): 6219 S.W. 21 STREET
83
84 City: MIAMI FL 85 Zip Code: 33155

11. Pursuant to the provisions of Sections 607.0505 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: [signature] / MARILYN Gomez 3/4/97
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUSTAFA, SILEM		1.2 NAME		
STREET ADDRESS	202 WILSHIRE ~~ROAD~~ Dr		1.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIVERO, ESTEBAN		2.2 NAME		
STREET ADDRESS	202 WILSHIRE ~~ROAD~~ Dr		2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, FRANCSO A		3.2 NAME		
STREET ADDRESS	202 WILSHIRE ~~ROAD~~ Dr		3.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: [signature] Silem Mustafa 2/21/97 (407)699-4548