PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000024186**1. Corporation Name

JMT TRADING CORP.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90031 046 ***150.00



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Principal Place of Business Mailing Address						ו נוספ וויו קרו וויים הווים היווים הי) 82(II 89I(8 I	E + + + +	#110 Bitt 1881
10195 S.W. 128	th street	10195 S.W. 128TH STREET	Т						
MIAMI FL 33176		MIAMI FL 33176-5611			DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualifed	_ 111 / 1110	<u></u>	
						03/18/1996			
2 Principal P	lace of Business	2a Mailing Address	2a. Mailing Address			4. FEI Number		Apr	olied For
21	200 0, 220300	26			65-0650511		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A		
22		27			5. Certifcate of Status Desired		Fee Red	quired	
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution	<u> </u>	Added to	Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the curre	nt year Inta		
24	25	29	30			Personal Property Tax.			□No
	g. Name and Address of Currel	nt Registered Agent		1		10. Name and Address of New R	agistered /	agent	
	MANDET INTAKA			81	Name				
	NANDEZ, LILIAM			82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
	LINCOLN ROAD								
	E 706			83					
MAN	MI BEACH FL 33139			84	City			85 Zip C	ode
				1	•	pration submits this statement for the p	<u> </u>		_
office or r	egistered agent, or both, in the State rn familiar with, and accept the obliga	e of Flonda. Such change was a ations of, Section 607.0505, Flo	authorize orida Stat	a by tr tutes.	ne corporation	n's board of directors. Thereby accept	тие арроп	itment as reg	jistered
	Signature, typed or printed name of registered age			Agent s	signature required	when reinstating)	DATE	D DIDEOTO	DO IN 40
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
TITLE	D	☐ DELETE	1.1 TI					□ 43×	
NAME	TONELLO, JOSE		12 N						
STREET ADDRESS					NOORESS				
CITY-ST-ZIP	MIAMI FL 33176-5611	DELETE	1.4 C 2.1 TI	ITY-ST-	ZIP			[] Change	Addition
TITLE	D					·		0	
NAME	TONELLO, LURDES		2.2 N						
STREET ADDRESS	1 -				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33176-5611	☐ DELETE	2. 4 C	CITY-ST-	·ZIP			[] Change	Addition
TITLE		□ DELETE				·			
NAME			3.2 N		.ppprcc				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. C	TITY-ST-	·ZIP		 -	Change	Addition
TITLE				VAME					_
NAME					ADORESS				
STREET ADDRESS			•						
CITY-ST-ZIP		☐ DELETE	5.1 T	ITY-ST-	ZIF _			Change	Addition
TITLE			5.2 N					_ ,	_
NAME					ADDRESS				
STREET ADDRESS				HTY-ST-					
TITLE		☐ DELETE	6.1 T					Change	Addition
			6.2 N	AME	-	•		-	
NAME STREET ADDRESS			1		ADDRESS				
DIRECT AUUKESS					1				

64 CITY-ST-ZIP 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 receiver or trustee employered 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, with all other like empowered.

SIGNATURE: _