Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90202 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098250

JEC & C	CM, INC.			 (#####)	10 Bilan Adam Pilan (A)A1 (A)A (A)	H 1001 6851 (881	
Principal Place	e of Rusiness	Mailing Address					
18257 NW 23RI		- 18257 NW 20RD AVE					
STE 1	D AVE	-31E 1					
MIAMI FL 33056		MIAMI-FL-99050-	- MIAMI-FL- 99056-		DO NOT WRITE IN THIS SPACE		
US		- 1/6		3. Date incorporated or Qual	ifed		
				12/04/1996			
2. Principal P	Place of Business	2a. Mailing Address	521162	4. FEI Number	⊢ +	pplied For	
21	· · · · · · · · · · · · · · · · · · ·	120 1 1 D D //	241104	65-0757751		ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desire	d '	Additional equired	
22 City & Store		City & State		O. Fl. Connection Finance			
City & Stat	te	— <u> </u>	ORIDA	6. Election Campaign Finance Trust Fund Contribution	- 1 1	May Be to Fees	
Zip	Country	Zip Zip	Country	8. This corporation owes the		10 1 000	
	25 Country	29 33152-1162 3	- <i>110</i> 11	Personal Property Tax.	Current year intangible ☐ Yes	[X No	
24	9. Name and Address of Cu		<u> </u>	10. Name and Address of No		Lightan 1-4	
		TION TOBIOGRAPIA	81 Name	SANCHEZ B	BELKIS	•	
- Catogas, John - 18257 NW 23RD AVE			82 Street A	Address (P.O. Box Number is Not Acc			
STE			83		<u> </u>		
MAIM	MI FL 33056			STE 1	lee l'es		
		_	84 City	MIAMI	トレー 733	Code 3056	
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Elorida Statutes	, the above-named of	corporation submits this statement for	the purpose of changing its	s registered	
office or r	existered agent or both in the Si	tote of Florida Such/Changeawas auti	mirea ov tile corpo	ration's board of directors. I flereby a	CCCDI INC appointment as it	341010101	
office or re agent. I a			a Statutes.	ration's board of directors. I hereby a		giotoras	
office or ragent. I a	SANCHEZ B	ELKIS DELKIS	no		1110144		
office or nagent. I a	SANCHEZ B	d agent and title if applicable. (NOTE. Re	egistered Agent signature rea	quired when reinstating)	1 10 199 DATE	_	
office or ragent. I a SIGNATURE 12.	SANCHEZ B Signature, typed or printed name of registered OFFICERS	d egent and title if applicable. INOTE, Re	egistered Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND DIRECTO	_	
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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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or pn an appear of the corporation of the receiver or trustee empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SANCHEZBELKIS