

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90202 042 ***150.00

DOCUMENT # P96000098250

1. Corporation Name
JEC & CM, INC.

Principal Place of Business

**18257 NW 23RD AVE
STE 1
MIAMI FL 33056
US**

Mailing Address

~~**18257 NW 23RD AVE
STE 1
MIAMI FL 33056
US**~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

23. City & State

24 Zip **25** Country

2a. Mailing Address

26 **P.O. Box 521162**

28. City & State

28 **MIAMI, FLORIDA**

29 **33152-1162** **30** **U.S.A.**

9. Name and Address of Current Registered Agent

~~**CATOGAS, JOHN
18257 NW 23RD AVE
STE 1
MIAMI FL 33056**~~

3. Date Incorporated or Qualified

12/04/1996

4. FEI Number

65-0757751

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

SANCHEZ BELKIS

82. Street Address (P.O. Box Number is Not Acceptable)

18257 NW 23 AVE

83. Suite, Apt. #, etc.

STE 1

84. City

MIAMI

FL

85 Zip Code
33056

11. Pursuant to the provisions of Sections 607.0502 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 607.1505, Florida Statutes.

SIGNATURE **SANCHEZ BELKIS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **CATOGAS, JOHN**

STREET ADDRESS **18257 NW 23RD AVE STE 1**

CITY-ST-ZIP **MIAMI FL 33056**

TITLE **STD** ☒ DELETE

NAME **MEDINA, CECILIA**

STREET ADDRESS **18257 NW 23RD AVE STE 1**

CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

SANCHEZ BELKIS

1.3 STREET ADDRESS

18257 NW 23 AVE, STE 1

1.4 CITY-ST-ZIP

MIAMI, FL 33056

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE: **SANCHEZ BELKIS, PRESIDENT, 1/10/99 (305)625-9449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

U1344/4