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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

P97000011420 (1)

FILED Apr 16 1998 8:00am Secretary of State

J.C.F. TRANSPORT CORP.				1 JANUARU 118 (811) ABILL 881) 881(1 881) 881(1 881)	1884 (4844 81618 21 8 11 8 6 1) (86 1)
Principal Place of Business Mailing Address				1 1001/001 (10 1011) 10011 031/4 EDIA 00111 00104 1	innt tinit ninih innt nati innt
4615 SW 139TH COURT STE C 4615 SW 139TH COURT ST MIAMI FL 33175 MIAMI FL 33175			TE C	DO NOT WRITE IN THIS	S SPACE
]				3. Date Incorporated or Qualified	
<u> </u>				02/03/1997	
2. Principal Place of Business		2e. Mailing Address		4. FEI Number US-01449.23	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·····	43-0 144923	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25		0	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Hegistereo Agent	81 Name_	10. Name and Address of New Registered	Agent
I IERBEINO, JUAN C				in Carlos terreiro	
4615 SW 139TH COURT STE C			[82] Street Addr	ress (P.O. Box Number is Not Acceptable)	
Į MIL	AMI FL 33175		83	300 139 CI: 016 C	·
ļ					
]			84 City Lic	ina i Fl	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	poration 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 applications of, Section 607.0505, Florida Statutes.					
SIGNATURE		eura Juan	Carlos ter	reino Director 4	1111QX
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE F	Registered Agent Tignature requir	red when reinstating) DATE	4 4 13-7
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D HEDDERO HAN C	☐ DELETE	1,1 TITLE I		Change
NAME CYNCET ADDRESS	TIERREIRO, JUAN C 4615 SW 139TH COURT STE	^	1.2 NAME	Juan Carlos Ferreiro	c I
STREET ADDRESS	MIAMI FL 33175	U	1.3 STREET ADDRESS	165 SW 139 CT. STE!	
CITY-ST-ZIP TITLE	MIXMI FL 33173	DELETE	1.4 CITY - ST - ZIP 3.1 TITLE	-\land1740 331 13	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-SI-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change L Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		C Origingo C Mostrotti
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-Zip		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME		.—	6.2 NAME		, _
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied wit	h this filing does not qualify for		Section 119.07(3)(i), Florida Statutes, I further of	certify that the information

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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:

3-25-98