## 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** Sep 22, 1999 8:00 am Secretary of State

09-22-1999 90012 016 \*\*\*550.00

1. Corporation Name	
JHF IMPORT & EXPORT CO.	

Principal Place of Business 12741 S.W. 119TH ST. **MIAMI FL 33186** 

Mailing Address

12741 S.W. 119TH ST. MIAMI FL 33186

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

03/11/1997

		T 722				$\neg \neg$			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For		
21 ~	•	26			NOT APPLICABLE	No	ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75	Additional		
22	<del>-</del>	27	7		5. Certificate of Status Desired Fee Re		guired		
City & Stat	te	City & State	City & State		6 Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution Added to Fees				
Zip	_ Country	Zip	Zip Country		8. This corporation owes the current year Intan	gible			
24	25	29 30	30		Personal Property Tax.	Yes	□No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name					
HOY	ER, WILLIAM T								
12741 S.W. 119TH ST.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33186			83						
1						1			
			84	City	FL	85 Zip	Code		
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 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agen	t signature required	d when reinstating) DATE				
			13.	,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition		
NAME	HOYER, WILLIAM T		1.2 NAME			- •			
STREET ADDRESS	10744 CW 440TH CT		1.3 STREET	ADDRESS			1		
CITY-ST-ZIP	MANUEL 00400		1.4 CITY-ST	-ZIP			- 1		
TITLE	D	☐ DELETE	2.1 TITLE			] Change	☐ Addition		
NAME	FERRERIA HOYER, LIGIA		2.2 NAME						
STREET ADDRESS	12741 S.W. 119TH ST.		2.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-5	T-ZIP			}		
TITLE		☐ DELETE	31 TITLE			] Change	Addition		
NAME			3.2 NAME				<del></del>  -		
STREET ADDRESS			3.3 STREET	ADDRESS			}		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		*		<u>'</u>		
TITLE		☐ DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS			ĺ		

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 appear with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

Daytime Phone #

Change

Change

Addition

Addition