

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

DOCUMENT # P97000069458 -  
1. Corporation Name  
J.C.B., S.A., CORPORATION

Principal Place of Business	Mailing Address
8861 SW 142 AVE. BLDG #9, SUITE 36 MIAMI, FL 33186	SAME

Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
26		26		65-0772446		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
27		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28		28		29		30	
Zip Country		Zip Country		Zip Country		Zip Country	
25		25		29		30	

10. Name and Address of New Registered Agent

BOSCA, JEAN-CHARLES  
8861 SW 142 AVE  
BLDG #9, SUITE 36  
MIAMI, FL 33186

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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.

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE BOSCA, JEAN-CHARLES 8861 SW 142 AVE BLDG#9, SUITE 36 MIAMI, FL 33186	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] PRESIDENT ✓ 4.26.99 ✓ 305 382 5192  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #