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

DOCUMENT # **P97000072367**1. Corporation Name

J.F. AMOCO, INC.

Mailing Address Principal Place of Business

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90026 021 ***158.75



2990 NORTHWEST 24TH STREET MIAMI FL 33142		2990 NORTHWEST 24TH STREET MIAMI FL 33142							
WIRMI 1 E 0017E		HIVAN I C GOVIE			DO NOT WRITE IN THIS SPACE				
						 Date Incorporated or Qualified 08/21/1997 			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	٠.	A	pplied For
1		26				65-0807096	-	· N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			-			5. Certifcate of Status Desired	<u> </u>		Additional equired -
2		27							
City & State		28 City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current	year Inta	ingible	
4	25	29	30			Personal Property Tax.		Z Yes	□No
<u>'</u>	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Reg	istered/	Agent	
				81	Name			•	
AZN/	arez, alexander				01 1 4 1	(5.0. S N			
2990	NORTHWEST 24TH STREE	Τ		82	Street Add	dress (P.O. Box Number is Not Acceptable	;)		
	II FL 33142			83					
				84	City	•		85 Zip	Code
				**	City		FL		
office or re	to the provisions of Sections 607 agistered agent, or both, in the S m familiar with, and accept the ol	tate of Florida. Such change wa	is authorized	l by ti	named con he corporati	poration submits this statement for the pu ion's board of directors. I hereby accept to	rpose of one appoir	changing it itment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable (N	OTF: Registered	Anent	sonature requir	red when reinstating)	DATE		
12.		S AND DIRECTORS	13.	, igoin	a gridian v - quan	ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECT	ORS IN 12
TITLE	D	DELETE		LÉ				☐ Change	☐ Addition
VAME	AZNAREZ, ALEXANDER		1.2 NA		İ				_
i	2990 NORTHWEST 24TH S	TDEET			ADDRESS			•	
STREET ADDRESS		PINEE!							1
CITY-ST-ZIP	MIAMI FL 33142	☐ DELETE		TY-ST-	ZIP			Change	☐ Addition
TITLE	D DEC 100E		2.7 NA		İ			,	_
NAME	FLORES, JOSE	ATTACK			400000				
STREET ADDRESS	2990 NORTHWEST 24TH S	SIREEI	•		ADDRESS	••			1
CITY-ST-ZIP	MIAMI FL 33142	☐ DELETE		TY-ST	-ZIP			Change	Addition
TITLE		☐ DECETE						- Ottorigo	
NAME			3.2 NA		İ				}
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST	-ZIP			["] Change	Addition
TITLE		☐ DELETE	4.1 11	TLE		i.		Change	L. Addison
NAME			4, 2 N	AME	Ì				
STREET ADDRESS			4.3 ST	REET	ADDRESS				į.
CITY-ST-ZIP				TY-ST-	·ZIP	<u>, </u>			FT A JUNE
TITLE		☐ DELETE						Change	Addition
NAME			5.2 NA					•	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST-	-ZIP				
TITLE		☐ DELETE	6.1 Tr	TLE				Change	☐ Addition
NAME			6.2 N/	ME					
STREET ADDRESS	ı	0	6.3 ST	REET	ADDRESS				ľ
CITY-ST-ZIP			6.4 CI	TY-ST-	·ZIP	ė			
	ertify that the information supplie	d with this filing does not qualify	v for the exe	mptic	on stated in	Section 119.07(3)(i), Florida Statutes. I fu	rther cer	tify that the	information

I nereby certify that the information supplied with this improves not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I indice 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 of the receiver of 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 en an attachment with an address, with all other like empowered.