

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

FILED

Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. McRtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098890 (1)
1. Corporation Name
JC INTERNATIONAL SERVICES, INC.

Principal Place of Business
1150 N.W. 72 AVENUE
SUITE 400
MIAMI FL 33126 407

Mailing Address
1150 N.W. 72 AVENUE
SUITE 400
MIAMI FL 33126 407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 JC International Services INC
22 1150 NW 72 Ave 407
23 Miami FL 33126
24 Zip Country

2a. Mailing Address
26 JC International Services INC
27 1150 NW 72 Ave 407
28 Miami FL 33126
29 Zip Country

3. Date Incorporated or Qualified
11/17/1997

4. FEI Number
650799779

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
81 SANCHEZ, CLAUDIA B
82 7650 N.W. 168 TERRACE
83 MIAMI FL 33015
84 City

10. Name and Address of New Registered Agent
85 FL 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 _____ (NOT: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JAIME	1.2 NAME	
STREET ADDRESS	7650 N.W. 168 TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33015	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, CLAUDIA B	2.2 NAME	
STREET ADDRESS	7650 N.W. 168 TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33015	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: Claudia Sanchez
APR 20 1998

CR2E034 (10/97)