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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000101229

1. Corporation Name

JCM BUILDING MATERIALS, CORP.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90021 048 ***150.00

(305)828 - 0581

Principal Place of Business	IVIA	ailing Address							
• · · · · · · · · · · · · · · · · · · ·						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
<u> </u>	1					11/30/1	1998		
Principal Place of Business 7905 W. 30 CT.	2a. 26	Mailing Address 7905 W.	30 C'	Г	Ţ	4. FEI Number 65-088	3022		Applied For
Suite, Apt. #, etc. #209	\Box	Suite, Apt. #, etc. #209		<u> </u>	-	5. Certifcate of Status Desired		\$8.75	Not Applicable Additional
City & State	27	City & State				ie piecespospie est in			Required
HIALEAH, FL.	28	HIALEAH,				6. Election Campaign Financin Trust Fund Contribution	9		May Be I to Fees
33016 Country	29	^{Zip} 33016	Co.	untry		This corporation owes the corporate Property Tax.	urrent year In	tangible	ЮNo
9. Name and Address of Curren	t Regist	ered Agent				10. Name and Address of Nev	v Registered		
CIPTOS V VODBU	^			81 Nam		RLOS M. MORENO			
CARLOS M. MOREN	U			82 Stre		SS (P.O. Box Number is Not Accept	otable)		
7905 W. 30 CT.		•		Jule		05 W. 30 CT.	ptable)		•
HIALEAH, FL. 33	016			83 .		<u> </u>	·		
				84 City	НТ	ALEAH,	FI		Code
Pursuant to the provisions of Sections 607.0502 Office or registered appears of both in the State of	2 and 60	7.1508, Florida Stat	utes, the a	bove-name	ad corpor	ation submits this statement for th	ne nuronse of	ah analas it	3016
office or registered agent, or both, in the State of agent. I am familia with and accept the obligation	of Florida	a. Such change was Section 607 0505	authorized	by the co	rporation'	's board of directors. I hereby acc	ept the appo	intment as r	egistered
	01,	Section 607.0303, F	ionua Stat	utes.		•			
CHATHOR'S ALLIAN III IA		\sim							
GNATURE Signature, typed or printed name of registered agent	OVC t and title if	PO. applicable. (NO	TE: Registered	Agent signatu	re required w	rhen reinstating)	4/27/ DATE		
Signature, typed or printed name of registered agent	t and title if	applicable. (NO	TE: Registered	Agent signatu	re required w		DATE		ORS IN 12
Signature, typed or printed name of registered agent OFFICERS AND	t and title if	applicable. (NO			re required w	when reinstating) ADDITIONS/CHANGES TO C	DATE		
DEPTHENDING OF PRINTED NAME OF	t and title if D DIREC	applicable. (NO CTORS	13.	TLE	re required w		DATE	ND DIRECT	
OFFICERS AND CARLOS M. MORENO	t and title if D DIREC	applicable. (NO CTORS	13. 1.1 TI 1.2 N/	TLE			DATE	ND DIRECT	
OFFICERS AND CARLOS M. MORENO 7905 W. 30 CT. #	209	applicable. (NO CTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME			DATE	ND DIRECT	
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