

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S37080** (6)

1. Corporation Name

J.P. SHIPPING CONSOLIDATORS, INC.



Principal Place of Business

Mailing Address

**7831 NORTHWEST 72ND AVENUE
MEDLEY FL 33166
US**

**POST OFFICE BOX 60-1337
NORTH MIAMI BEACH FL 33160
US**

3. Date Incorporated or Qualified

03/12/1991

3a. Date of Last Report

02/24/1995

2. Principal Place of Business

21 7831 N.W. 72nd AVENUE

2a. Mailing Address

26 P.O. BOX 60-1337

4. FEI Number

59-2375382

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State
23 MEDLEY, FL.

City & State
28 N. MIAMI BEACH, FL.

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33166

25 DADE

29 33160

30 DADE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, JORGE
7831 NORTHWEST 72ND AVENUE
MEDLEY FL 33166**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 7831 N.W. 72nd AVENUE

84 City

MEDLEY, FLORIDA

FL

85 Zip Code

33166

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD PEREZ, JORGE**
STREET ADDRESS **7831 NW 72ND AVENUE**
CITY - ST - ZIP **MEDLEY FL**

1.1 TITLE **V** ☐ Change ☒ Addition
1.2 NAME **PEREZ, M. LEONARD**
1.3 STREET ADDRESS **7831 NW 72ND AVENUE**
1.4 CITY - ST - ZIP **MEDLEY FL**

TITLE ☒ DELETE
NAME **VD PEREZ, MIREYA**
STREET ADDRESS **7831 NW 72ND AVENUE**
CITY - ST - ZIP **MEDLEY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-22-96

305-885-0565

Daytime Phone #

CR2E034 (12/95)