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## **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Mar 09 1998 8:00am Secretary of State

|  | Name   |  |                                   |                                    |  |  |   |                |                                    |                                   |                   |                             |                        |  |
|--|--|--|-----------------------------------|------------------------------------|--|--|---|----------------|------------------------------------|-----------------------------------|-------------------|-----------------------------|------------------------|--|
| J.P. SH  | ipping c   | ONSOLIDATORS,  | , INC.                            |                                    |  |  |   |                | 1 <b>00</b> 01010 100 10111 1      | <b>860 86</b> 181 1 <b>8</b> 11 1 | iali dibir dia    | 11 <b>816</b> 11 <b>8</b> 1 | <b>a</b> n ange        | i <b>d</b> iđis ( <b>di</b>                          |
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| Principal Place  |  | •  | •                                 | Address                            |  |  |   | -∤'            | 18811818 188 (1111)                | 3417 3 <b>414</b> 1 14111 1       |                   | !1 =!=!! 9!                 |                        |  |
| 7831 NW 72ND AVE P. O. BOX 60-1337 MEDLEY FL 33166 P. M. MIAMI BEACH FL 33160  |  |  |                                   |                                    |  |  |   |                |                                    |                                   |                   |                             |                        |  |
| MEDLEY FL 33166 N. MIAMI BEACH FL 33160<br>US US   |  |  |                                   |                                    |  | DO NOT WRITE IN THIS SPACE   |   |                |                                    |                                   |                   |                             |                        |  |
|  |  |  |                                   |                                    |  |  |   |                | te Incorporated                    | d or Qualified                    |                   |                             |                        |  |
| 9 Detaction I Di   | non al Divisio   |  | 7 5 5 4 at 1                      | ing Address                        |  |  | •   |                | 3/12/1991<br>Number                |                                   |                   | т                           |                        | v 15   |
| Principal Place of Business  |  |  | 2a. Mailing Address               |                                    |  |  |   |                |                                    | <b>,</b>                          |                   | -                           |                        | plied For<br>t Applicable                            |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.               |                                    |  |  |   | 59-2375382     |                                    |                                   | <u> </u>          | \$8                         |                        | Additional   |
| 2  |  |  | 27                                |                                    |  |  |   | <b>b.</b> Ce   | rtificate of Stati                 | us Desired                        |                   |                             |                        | quired   |
| City & State   | )  |  | City                              | & State                            |  |  |   |                | ction Campaig                      | •                                 |                   |                             |                        | May Be   |
| 3  |  | Cample   | 28                                |                                    | Court  |  |   | <del></del>    | st Fund Contri                     |                                   |                   |                             |                        | o Fees   |
| Zip  | -  | Country  | Zip                               |                                    | 30 Cou   | intry  |   |                | s corporation or<br>sonal Property |                                   |                   | urrent ye<br>Yes            |                        | angible<br>] No                                      |
| <u> </u>   |  | 25 and Address of Curre  | 29<br>ont Registered              | Agent                              | 1301   | r  | <del></del>   |                | me and Addre                       |                                   |                   |                             |                        | 3 140  |
| PES  | REZ, JORGI   |  |                                   |                                    |  | 81 1   | Vame  |                |                                    |                                   |                   |                             |                        |  |
|  | 1 NW 72N   |  |                                   |                                    |  | 62 3   | hhA teat  | oss (P.O       | Box Number is                      | Not Accent                        | able)             |                             |                        |  |
|  | DLEY FL 33   |  |                                   |                                    | 1  |  | Street Add  |                | DOX HUMBON                         |                                   |                   |                             | _                      |  |
|  |  |  |                                   |                                    |  | 83   |   |                |                                    |                                   |                   |                             |                        |  |
|  |  |  |                                   |                                    |  | 84 (   | City  | **             | <b></b>                            |                                   |                   | 85                          | Zip (                  | Code   |
|  |  |  |                                   |                                    |  |  | -   | ··-·           |                                    |                                   | <u> </u>          | <u> </u>                    |                        |  |
| Pursuant t<br>office or re   | to the provision to the provision of the | ons of Sections 607.050<br>ent, or both, in the State<br>h, and accept the oblig | 02 and 607.15<br>e of Florida. St | 08, Florida Stat<br>uch change was | utes, the at   | pove-u   | amed corp   | poration su    | ibmits this state                  | ement for the                     | purpose on the an | of chang<br>pointme         | ging Its<br>ant as     | s registered<br>registered                           |
|  |  |  |                                   |                                    |  | a by tr  | ie corporai   | ישטע פווטוו    | u oi uiibalois.                    | I HOLDDY BCC                      |                   |                             |                        |  |
| agent. I ar  | m tamiliar wit   | h, and accept the obliq  | gations of, Sec                   | tion 607.0505, I                   | Florida Stat   | d by tr<br>lutes.  | ie corporai   | IIOI 8 DOM     | a or allectors.                    | r noreby acc                      |                   | •                           |                        | _  |
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| SIGNATURE  |  | or printed name of registered ag   |                                   | cabin (NO                          | Florida Stat   |  |   | red when reins |                                    |                                   | DATE              |                             |                        |  |
| SIGNATURE  |  | or printed name of registered ag   | gent and title if appli           | cabin (NO                          | OTE Registered   | d Agent s  |   | red when reins | italing)                           |                                   | DATE              |                             | CTOR                   | S IN 12  |
| SIGNATURE<br>12.   | PD<br>PEREZ,   | or printed name of registered ag<br>OFFICERS AN                                  | gent and title if appli           | cabin (NO                          | OTE Registered   | d Agent t  |   | red when reins | italing)                           |                                   | DATE              | ID DIRE                     | CTOR                   | S IN 12  |
| SIGNATURE  12.  TITLE  NAME  | PD<br>PEREZ, 0   | OFFICERS AN<br>OFFICERS AN<br>JORGE<br>V 72ND AVENUE                             | gent and title if appli           | cabin (NO                          | 13.<br>1.1 111   | d Agent t  | ignature requi  | red when reins | italing)                           |                                   | DATE              | ID DIRE                     | CTOR                   | S IN 12  |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | PD<br>PEREZ,   | OFFICERS AN<br>OFFICERS AN<br>JORGE<br>V 72ND AVENUE                             | gent and title if appli           | sabin (NO<br>S<br>DELETE           | 13.<br>1.1 111<br>1.2 NA<br>1.3 ST<br>1.4 CI   | TLE<br>AME<br>TREET AD   | ignature requi  | red when reins | italing)                           |                                   | DATE              | ID DIRE                     | CTOR                   | S IN 12  |
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