

**CORPORATION
ANNUAL REPORT
1995**

Florida Department of
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S46978

(0)

1. Corporation Name

JBR CORPORATION, INC.

Principal Place of Business

**9130 SOUTH DADELAND BOULEVARD
#1612, TWO DATRAN CENTER
MIAMI FL 33156
US**

Mailing Address

**9130 S. DADELAND BOULEVARD
#1612, TWO DATRAN CENTER
MIAMI FL 33156
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/19/1991

3a. Date of Last Report

07/06/1994

4. FEI Number

65-0404748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**SIXTO, JUAN A.
6778 W. FLAGLER STREET
MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

SIXTO, JUAN A.

STREET ADDRESS

6778 W. FLAGLER ST.

CITY - ST - ZIP

MIAMI FL

TITLE

VD

NAME

CRUZ, ROBERTO

STREET ADDRESS

3501 W. FLAGLER ST.

CITY - ST - ZIP

MIAMI FL

TITLE

TD

NAME

SIXTO, HAYDEE

STREET ADDRESS

6778 W. FLAGLER ST.

CITY - ST - ZIP

MIAMI FL

TITLE

SD

NAME

CRUZ, ROSE MARIE

STREET ADDRESS

3501 W. FLAGLER ST.

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 CURRENT OFFICER OR DIRECTOR

4-25-95 (305) 670-6321