FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

S95363

(5)

1.	Corporation	Name			(-)						
	J.R.C.	C. COMP	ANY								
									E (POLICIA ILO 1018) OLIGE DILLA	aa keki biah biah ake	
Prir	ncipal Place o	of Business		Mai	iling Address				T SOURFURD HIM SOUND BOLLOW BORE	88 juli 818ju 85811 818	() 0 /0/1 0 /0/16 0 /0/17 10 0)
	1581 BRICKE	ELL AVE			1581 BRICKELL AVE						
	UNIT 2003				UNIT 2003			·			
	MIAMI FL 33129				MIAMI FL 33129			3. Date incorporated or Qualified	3a. Date of La	st Report	
									11/18/1991		1/1995
	Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number	1	Applied For
21				26					65-0314943		Not Applicable
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional
22				27							ee Required
23	City & State			1	City & State				6. Election Campaign Financing		5.00 May Be
	Zip	Country			Zip Country				Trust Fund Contribution		dded to Fees
24	ento.		25	29	Zip	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\bigcap \) No		
					nt Registered Agent		30]		10. Name and Address of New Registered Agent		
						В	II Na	me	191	Allororow Mr	
!	CASTRO	D, ANA M				L.	12 Str	- at Addra	TO Day Number is Not Assessed		
ı	1581 BRICKELL AVE					"	2 3u	eet Addre	ess (P.O. Box Number is Not Acceptable	e)	
SUITE 2003					8	3					
MIAMI FL 33129						<u>_</u>	4 Cit			lan lan	
						İ				FL 85	Zip Code
11.	Pursuant to	the provisio	ns of Sections 607.0	502 and 607	.1508, Florida Statute	s, the above	-name	o corpora	ation submits this statement for the purp d of directors. I hereby accept the appo	nose of changing	its registered office
ı I	familiar with	n, and accept	t the obligations of, S	Bection 697.0	criange was authorize 1505, Florida Statutes.	a by the coi	роган	on's board	J of directors. Thereby accept the appo	intment as registe	ered agent. I am
SIG	NATURE										
Signature, typed or printed name of registered agent, and the if applicable (NOTE: Registered							y∗nt Sig⊪a	it ire required s		DATE.	
12. TITLE	 	OFFICERS AND DIRECTORS DPST DELETE		13.		· ·	ADDITIONS/CHANGES TO OFFIC				
NAM	0.0-0		ANA MARIA	□ officie		1,2 NAM	1, 1 TITLE			Char	nge 🔲 Addition
			RICKELL AVE #2	በበያ			et adori	500			
CITY-ST-ZIP MIAMI F				<i>,</i> 000				155			
TITLE		1410 4171-			[] DELETE	1.4 CITY 2. 1 TITU					nge [] Addition
NAME					-1	2.2 NAMI					ige
	E1 ADDRESS					2.3 STRE		FCC			į
	-SI-ZIP					2.4 CITY					
TITLE					DELETE	3 1 TITLE				[] Char	nge 🔲 Addition
NAME						3.2 NAMI				-	'8°
STREET ADDRESS						3 3. STRE	ELT ADDE	RESS			
CITY	CITY-ST-ZIP				3.4 CHY-						
TITLE	LE DELETE			4 1 TIFLE				Char	nge 🔲 Addition		
NAM	E					4.2 NAME	E	1			
\$1RE	ET ADORESS					4 3 STRE	ET ADDRI	ESS			
ST-ZIP						4.4 C/TY	- ST- 71P				
TITLE					☐ DELETE	5 11111	E			Char	nge 🔲 Addition
NAME					Present						
STREET ADDRESS					[] beech	5.2 NAME	٤				
CITY-ST-ZIP					[] Second			ESS			
	ET ADDRESS - ST- ZIP					5.2 NAM: 5.3 STRE 5.4 CITY	ET ADDRA	ESS			
TITLE	ET ADDRESS - ST- ZIP	······································	······································		[] DELFIE	5.2 NAME 5.3 STREE 5.4 CHY- 6. 1 TITLE	ET ADDRA - ST - ZIP E	ESS		☐ Char	nge 🔲 Addition
TITLE NAMI	ET ADDRESS - ST- ZIP E	······································				5.2 NAM: 5.3 STREI 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRA -ST-ZIP E			☐ Char	ige Addition
TITLE NAMI STRE	ET ADDRESS - ST- ZIP					5.2 NAME 5.3 STREE 5.4 CHY- 6. 1 TITLE	ET ADDRA - ST - ZIP E E ET ADDRA			☐ Char	ige 🔲 Addition

Ido 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 transped, or on an attachment with an address.

GNATURE:

(305) 442-7116

SIGNATURE:

MAY 5, 1996