FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38676** **(5)**

1. Corporation Name

J. F. B. TRADING CO.

Principal Place of Business	Mailing Address
663 N.E. 167TH ST. N. MIAMI BEACH FL 33162	663 N.E. 167TH ST. N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1992**
3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business	2a. Mailing Address
21 3475 SHERIDAN ST.	26 3475 SHERIDAN ST.
Suite, Apt. #, etc. 22 210	Suite, Apt. #, etc. 27 210
City & State 23 HOLLYWOOD , FL	City & State 28 HOLLYWOOD, FL
Zip / County 24 33021 / 25 USA	Zip / County 29 33021 / 30 USA

4. FEI Number: **65-0336115** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
THOMPSON, DISNEY D 169 E. FLAGELR ST. SUITE 1524 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	XX Change ☐ Addition
NAME	REZENDE, MARIA MADALENA	12 NAME	REZENDE, MARIA MADALENA	
STREET ADDRESS	7441 WAYNE AVENUE #5M	13 STREET ADDRESS	10611 EDINBURGH ST.	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY ST ZIP	COOPER CITY, FL 33026	
TITLE	D	21 TITLE	D	XX Change ☐ Addition
NAME	DE REZENDE, JOAO LUIS P	22 NAME	DE REZENDE, JOAO LUIS P	
STREET ADDRESS	7441 WAYNE AVENUE #5M	23 STREET ADDRESS	10611 EDINBURGH ST.	
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY ST ZIP	COOPER CITY, FL 33026	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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: JReznde JOAO LUIS P DE REZENDE 04/25/95 (305) 962 4441
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0175060 CP