FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V38676 1. Corporation Name

J. F. B. TRADING CO.

Principa	I Place of Business
	34 DV 6 D

Mailing Address

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90236 012 ***150.00



		-			
4161 S. PARK I	RD.	1161 S. PARK RD.			
HOLLYWOOD E	204 L 33021 HOLLYWOOD FL 33021			DO NOT WRITE IN THIS S	SPACE
US F				3. Date Incorporated or Qualifed	
- -		,		05/26/1992	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 90 3990 SHENDAN STREET 28 90 3990 SHEN			DAN STUM	65-0336115	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	i Parine Officer		\$8.75 Additional
22 STE 108 27 - STE 108			5. Certifcate of Status Desired	Fee Required	
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 1011	WOOD R	28 HOLLYWOOD	12	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	
24 330)2/ _[25] U JA	29 ろろひみ, 30	USA	Personal Property Tax.	Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	.gent
	DIGIT MELODY D. F. A		81 Name	Aveich Molady	†
LAVRICH, MELODY R. E A				Iress (P.O. Box Number is Not Acceptable)	
3990 SHERIDAN STSTE. 108					
	E 1524 cheketes.		83 20	190 Sheridan St Suit	-102
HOL	LYWOOD FL 33021		84 City 1	1 O O MERICIAN DT. SUI)	85 Zip Code
			- - - - - - - - - - - - -	tollywood FL	3 <i>3</i> 021
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above-named cor	poration submits this statement for the purpose of c	changing its registered
l office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	· Florida. Such change was autho	inzed by the corporati	ion's board of directors. I hereby accept the appoin	tment as registered
	in raminal with, and accept the constitution) W (ody Lavaich	4/201	199
SIGNATURE	Signature, viped or printed happy of cegistered agent a	and tritle if applicable. (NOTE: Reg	istered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	SD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	rezende, maria madalena	• • •	1.2 NAME		•
STREET ADDRESS	1161 S.,PARK RD. #204		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP		
TITLE	VDC	☐ DELETE	2.1 TITLE	PDC	Change
NAME	DE REZENDE, JOAO LUIS P		2.2 NAME	l	r - STE 108
STREET ADDRESS		j	2.3 STREET ADDRESS	10 3990 SHERIDAN STREET	316 100
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	0 3990 SHERIDAN STREET LOUYWOOD FL 33021	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		·	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		ļ
]		4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition
ĺ			5.2 NAME		
NAME			5.3 STREET ADDRESS	•	
STREET ADDRESS	-		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	 	DELETE	6.1 TITLE	<u> </u>	☐ Change ☐ Addition
TITLE		☐ DEFE IE	6.2 NAME		
NAME	· ·				
STREET ADDRESS			6.3 STREET ADDRESS		
	i .		64 CITY OT 7ID		

14. I hereby certify that the information supplied with this filing 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 autocoment with an address, with all other like empowered.

SIGNATURE: