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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V57039

(2)

JECA TR	rading, inc.											
Principal Place of Business Mailing Address PO BOX 160763 PO BOX 160763 MIAMI FL 33116 MIAMI FL 33116-07					э				- I EGGNY BYNDAY BYNN YBDYN BDYND HWYD YBN I		BIÐIL DÆFI LIÐAL	87811 188 1
									3. Date Incorporated or Qualified 08/12/1992		ate of Last R /09/1996	leport
2. Principa Pl 21	lace of Business	L.	2a. Mailing Address 26						4. FEI Number 65-0355638			oplied For ot Applicable
Suile, Apt. #, etc. 22			Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional equired
City & State 23			City & State						Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Zip Country			Zip Counti			,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Add	iress of Current Re	gistered	Agent			· :		10. Name and Address of New Re	gistered	Agent	
AZUI	ero, Jose					81	Nar	ne				
	20 SW 95 AVE. MI FL 33176					82	Stre	et Addre	ess (P.O. Box Number is Not Accepta	<u> </u>		
						83						
			1007.15			64				FL	-	Code
11. Pursuant l office or n agent har	to the provisions of Si egistered agent, or b m familiar with, and a	ections 607.0502 ar oth, in the State of F iccept the obligation	lorida Su lorida Su is of, Sec	uch change wa tion 607.0505,	atutes, the as authori; , Florida S	above zed by tatutes	e-nam y the o s.	ed corpi orporati	oration submits this statement for the on's board of directors. I hereby acce	pt the ap	or changing it pointment as	registered
SIGNATURE	Normal Colorador No				NOTE Desire				ad when reinstating)	DATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12.							ent Pibli	Ime leduie	ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12
TITLE	D	OTT TOE TO MIND 15	TILOTON	DELETE	11	TITLE			ADDITIONATION TO OTT	JENO AIT	Change	Addition
NAME	AZUERO, JOSE				1	NAME		1				
STREET ADDRESS	5360 SW 76TH S	iT .			1	STREET	. AUDBE	20				
Cary-SI-ZIP	MIAMI FL	•			1 1	CITY-S		~ }				
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NAMI				Carlo Descrip		NAME			4		vgo	ridonor.
1					1	STREET	r a nonc					
STREET ADDRESS CMY-ST-ZP						4 CITY-S		99				
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STREET ADORESS						STREET	anner		. A.	171		
CITY-ST-7IP						L CITY -		~				
Ti"(f				DELETE		TITLE					Change	Addition
NAME I					4.	2 NAME						
STREET ADDRESS					4.3	STREET	ADORE	ss				
CHY-S1-ZIP					4.4	CITY-S	ST - 7)P					
TILLE				DELETE		TITLE					Change	☐ Addition
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STREET ADDRESS					5.3	STREET	T ADDRE	ss				
CEY \$1-7P					5.4	CITY-S	ST-ZIP	}				
TULL				DELETE		TITLE		1			Change	Addition
NAME					62	NAME.						
STREET ADDRESS					1	STAEET	r addre	ss				
CHY-ST ZIP						CITY-S						
14. I do here:	by certify that the infe	rmation supplied wi	th this file	ng does not qu	ualify for t	he exe	emptio	n stated	In Section 119.07(3)(i), Florida Statut	es. I furth	er certify that	the
t am an o	on indicated on this at flicer or director of th in Block 12 or Block 1	e corporation or the	receiver	or trustee emp	powered t	o exec	urate cute th	and that is report	my signature shall have the same leg t as required by Chapter 607, Florida	al effect a Statutes;	is if made un and that my i	ider oath; that name

SIGNATURE:

FILED

May 07 1997 8:00am

Secretary of State