

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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # V68403

1. Corporation Name

JABS TRADING CORP.

Principal Place of Business
340 Isla Dorada Blvd
Coral Gables, Fl 33143

Mailing Address
340 Isla Dorada Blvd
Coral Gables, Fl 33143

3. Date Incorporated or Qualified
10/02/1992

3a. Date of Last Report
1996

2. Principal Place of Business
21 10 Edgewater Dr.

2a. Mailing Address
26 10 Edgewater Dr.

4. FEI Number
65-0359734

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 # 9A
City & State

27 # 9A
City & State

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

23 Coral Gables, Fl

28 Coral Gables, Fl

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

24 33133
Zip

25 US
Country

29 33133
Zip

30 US
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Nelson, Garry Esq
801 Brickell Avenue, 9TH Fl
2 S.Biscayne Blvd
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME Lopes, Jose Barbosa
STREET ADDRESS 340 Isla Dorada Blvd
CITY-ST-ZIP Coral Gables, Fl 33143

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Lopes, Jose Barbosa
1.3 STREET ADDRESS 10 Edgewater Dr. #9A
1.4 CITY-ST-ZIP Coral Gables, Fl 33133

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE LOPES
DIRECTOR

4/29/97 (305) 471-8929

Date Daytime Phone #

CR2E034 (9/96)