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 # V70395

(1)

JF SERVICE CORP.

FILED
May 02 1997 8:00am
Secretary of State

- 1 1 1 3 6 6 1 3 1 6 1 1 1 3 1 1	. e a a a a a a a a a a a a a a a a a a a	#1011 B.#., BIBIL 1881

Principal Place of Business Mailing Address				1 (日本) ** 中で、中で、中国、中国、中国、日本、日本、日本、日本、日本、日本、日本、日本、日本、日本、日本、日本、日本、											
3132 NW 28TH ST.			3132 NW 28TH ST.												
MIAMI FL 3314	2			MIAMI FL :	33142-6	328									
										3. Date Incorporated or Qualified	20	Date of L	act Ro	port	
										10/07/1992	08	3/20/19	96	port	
2. Principal Pl	lace of Busine	ess	T :	za. Mailing	Addr	ess				4. FEI Number			App	olied For	
21			2	3						65-0362918		<u> </u>	Not	Applicable	
Suite, Apt.	#, etc.			Suite,	Apt. #,	etc.				Cartificate of Otal a Desired	П	\$8.	75 A	dditional	
22			2	7]	_					5. Certificate of Status Desired	 	Fe	e Re	quired	
City & State				Crty & State						6. Election Campaign Financing	ancing \$5.00 May Be				
23			2		_					Trust Fund Contribution		Ad	ded to	Fees	
Zip		Country	L.	Zip			Ooun	itry		8. This corporation has liability for			ders.	199.032,	
24		25	2			3	0				Yes	_			
		and Address	of Current Rep	jistered A	gent					10. Name and Address of New R	egistere	d Agent			
	IAS, JOSE L						1	B1	Name	•					
	2 NW 28TH						Ī	82	Street	Address (P.O. Box Number is Not Accepta	ble)				
MAN	MI FL 33142							_			· · ·				
5.00	•						1	83							
							-	84	City			85	Zip C	odo.	
									Oily		F	L °3	Zip C	,000	
11. Pursuant I	to the provision	ons of Sections	607.0502 and	1607.1508	, Florid	da Statutes	the ab	ove	-named	corporation submits this statement for the	purpose	of chang	ing its	registered	
agent. I a	egistered age m familiar with	ent, or both, in h, and accept	the State of Fi the obligations	orida Suci of, Sectio	n chan in 607.	igo was au .0505, Flori	inori≢eo da Statu	.by ites:	ine corp	poration's board of directors. I hereby accor-	pt the ap	ppointme	nt as i	egistered	
SIGNATURE															
	Signature, typed o	printed name of ro	gistered agent and CERS AND DIF		ole	\$NOTE I		Ager	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ND DIOE	OTOD	0.001.40	
12.	D	OFFIC	SENS AND DIF	ECTORS	DE	1516	1 3. 1.1 101.			ADDITIONS/CHANGES TO OFF	CEHS A			Addition	
NAME	FARIAS, J	OSE L.			L. 01		1.2 NAM						arigo.	[] Vanition	
·	3132 NW														
STREET ADDRESS	MIAMI FL	LOTT OT.					1		AUDRESS						
CITY-ST-ZIP TITLE	PV				☐ DE	LETE	1.4 CrT) 2.1 TrTL		- ZIP			Cha	In no	[☐ Addition	
NAME	FARIAS, J	OSF LUIS				CLIL	2.2 NAN					() One	ngo	[Vogilion	
i	3132 NW														
STREET ADDRESS	MIAMI FL	20111 01.							ADDRESS						
CITY-ST-ZIP	ST				□ DE	TETE	2. 4 CIT 3.1 TITL		1-ZIP	· · · · · · · · · · · · · · · · · · ·		Chr	ange	Addition	
TITLE	FARIAS, J	OSE LUIS				CCIL	1						របៀជ	ר"ו אממונומון	
NAME	3132 NW						3.2 NAM		4DD0						
STREET ADDRESS	MIAMI FL	EUIII UI.							ADDRESS						
CITY-ST-ZIP	WILL TE				☐ DE	1 F1 E	3.4, 0/1		1-ZIP			Cha	anne.	Addition	
TITLE						LLIL	4.1 Jiji						nge	L_I Munitidii	
NAME							4. 2 NA								
STREET ADDRESS									ADDRESS						
CITY-ST-ZIP		 -	· · · · · · · · · · · · · · · · · · ·		DE	1.616	4.4 CIT1	_	I - ZIP			T 01.		T Addition	
TITLE					UŁ	reit	5.1 TITL		ļ			☐ Cha	nge	Addition	
NAME							5.2 NAN								
STREET ADDRESS									ADDRESS						
CITY-ST-ZIP							5.4 CITY		1-7IP			——————————————————————————————————————		P 1000	
TITLE					☐ DE	Lt ft	61THL					☐ Cha	ange	L_ Addition	
NAME							62NAN		i						
STREET ADDRESS							6.3 S1R	EET /	ADDRESS						
CITY-ST-ZIP							6.4 CIT1	Y - \$1	1 - 7IP						

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 trusted 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.

CIGNATURE

Ja-810/

04.25.97 (305) 551-900