

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000031148 (8)

1. Corporation Name
J.E. & SONS INC.



Principal Place of Business: **4395 WEST 16TH AVENUE HIALEAH FL 33012**
Mailing Address: **4395 WEST 16TH AVENUE HIALEAH FL 33012**

3. Date Incorporated or Qualified: **04/28/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0404911**
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

2. Principal Place of Business: **21 4395 WEST 16TH AVENUE HIALEAH FL 33012**
2a. Mailing Address: **26 4395 WEST 16TH AVENUE HIALEAH FL 33012**
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip: Country:
25. Country:
29. Zip: 30. Country:

g. Name and Address of Current Registered Agent
**FONSECA, JOSE C
7925 NW 12 STREET, SUITE 324
SUITE 204
MIAMI FL 33126**

10. Name and Address of New Registered Agent
b1. Name:
b2. Street Address (P.O. Box Number is Not Acceptable):
b3.
b4. City: **FL** b5. 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 Re-registering)

12. OFFICERS AND DIRECTORS		
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	FONSECA, JOSE C	
STREET ADDRESS	4395 WEST 16TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	FONSECA, EBERTINA	
STREET ADDRESS	4395 WEST 16TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		

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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)(k), 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, or as an attachment with an address.

SIGNATURE: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)