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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

DIVISION OF CORPORATIONS

Socretary of State

1996

P93000084601 (2)

DOCUMENT # 1. Corporation Name

J &	C GENERAL SERVICES, I	NC.							
Principal Place of Business Mailing Address 3507 NW 179 STREET 3507 NW 179 STREET MIAMI FL 33056 MIAMI FL 33056						F TOURISMO THE TEACO RINK DUNN DA))) 	3 //11 39 / 01 11 9 0 1 89 0
						3. Date Incorporated or Qualified 12/10/1993	3a. Date o	of Lest F 5/01/1	
2. Principal P	lace of Business	2a. Mailing Address 26	٦			4. FEI Number 65-0461068	Applied For Not Applicable		
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.7	5 Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be
Zip 24	Country Zip 25 29 36 9. Name and Address of Current Registered Agent					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	9. Name and Address of Curr	ent Registered Agent	81			0. Name and Address of New R	egistered Ar	jent	
AVILA, ANTONIA M 3507 NW 179 STREET MIAMI FL 33056				10.712		Address (P.O. Box Number is Not Acceptable)			
familiar wit	to the provisions of Sections 607.050 red agent, or both, in the State of Flotth, and accept the obligations of, Sections, typed or printed name of registered age	ction 607.0505, Florida Statutes.	the above- by the corp	named co poration's	Doard Of	directors. Thereby accept the appo	<u> </u>	<u> </u>	
12.	OFFICERS AND DIRECTORS			ogistered Agort signature required			DATE	OF OT C	
TITLE	D DELETE C		1. 1 TITLE		T	ADDITIONS/CHANGES TO OFFI		Change	DRS IN 12 :
NAME STREET ADDRESS CITY+ST-ZIP	AVILA, ANTONIA M 3507 NW 179 STREET MIAMI FL 33056		1.2 NAME 1.3 STREET				LJ	опанус	L) Addition
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STREET ADDRESS			3 3. STREET	ADDRESS					
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NAME			4.2 NAME	Ì		· ·			
STREET ADDRESS			4.3 STREET	ADDRESS					
City-St-ZIP		POST DESCRIPTION	4.4 CITY-S	I - ZIP				**********	
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STREET ADDRESS			6.2 NAME	ADDOCOO					İ
CITY-ST-ZIP			6.3 STREET	- 1					İ
14 Ldo boroby	conditation information and in a		6.4 CITY - SI	I-ZIP					

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 if changed, or on an attachment with 11 address.

SIGNATURE:

THORE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29/96 954-433

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