

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

**FILED**

**96 MAY -1 AM 10:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996

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



**DOCUMENT # P95000077400 (6)**

1. Corporation Name  
**J. & A. INSTALLERS, INC.**

Principal Place of Business: **700 SW 4TH STREET APT. 4 MIAMI FL 33130**  
Mailing Address: **700 SW 4TH STREET APT. 4 MIAMI FL 33130**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Zip

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>10/10/1995</b>		
4.	FBI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5.	Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ALEMAN, HECTOR A  
700 SW 4TH STREET APT. 4  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 607.0905, Florida Statutes.

SIGNATURE: Hector Aleman DATE: 4-29-96

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALEMAN, HECTOR A</b>	
STREET ADDRESS	<b>700 SW 4TH STREET APT. 4</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JIMENEZ, JOSE R</b>	
STREET ADDRESS	<b>700 SW 4TH STREET APT. 4</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
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

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	TITLE	
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	TITLE	
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41	TITLE	
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51	TITLE	
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61	TITLE	
62	NAME	
63	STREET ADDRESS	
64	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**300001865023**  
**-06/18/96--01021--005**  
**\*\*\*\*200.00 \*\*\*\*200.00**

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 an address.

SIGNATURE: Hector Aleman PRES. DATE: 4-29-96 DISBURSE: 326-1366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)