FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

1. Corporation Name

JEROLD'S LEGAL CREDITCARD CORPORATION

DOCUMENT # P96000011776(7)

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90291 022 ***150.00

				Į.			
Principal Place of Business Mailing Address							
				DO NOT WRI	TE IN THIS	SPACE	
<u> </u>	-		_	3. Date Incorporated or Qualified 02/07/1996			
2. Principal Place of Business 400 S.W. 107 AVE.	2a. Mailing Address 26 400 S.W. 10	07 A	VE.	4. FEI Number 65-0721666		- -	Applied For Not Applicable
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 27 300		<u></u> -	5. Certifcate of Status Desired		•	Additional Required
City & State MIAMI, FL.	City & State MIAMI, FL.			6. Election Campaign Financing			O-May Be-
23	28		 	Trust Fund Contribution			d to Fees
Zip Country 24 33174 25	Zip 33174 30	Country	•	8. This corporation owes the curr	ent year int		7 7 Ì
24 331/4 25 9. Name and Address of Current in	123			Personal Property Tax.	lanintanad .	Yes	X No
5. Name and Address of Current	veðistelen Våeut	81	Name _	10. Name and Address of New F		чделг	
JOSÉ LUIS BERTRAN			J J	OSE LUIS BERTRAI			
1120 N.W. 124 PL.			82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL. 33182		83	ļ <u></u> 1	120 N.W. 124 PL	•		
MIMMIY IB. USIUZ		0.5	1				İ
· /		84	City M	IAMI	FL	85 Z	Code 3182
11. Pursuant to the provisions of Sections 677.0502	and 607.1508, Florida Statutes, t	he above	e-named corpor	ration submits this statement for the	purpose of	changing	its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	Florida. Such change was autho	rized by Statutee	the corporation	is board of directors. I hereby accep	it the appoir	itment as	registered
43	Jose Luis		ertra	on .	4/22 DATE		
Signature, typed or printed name of egistered agent a		stered Agen	nt signature required v	when redustating)	DATE		
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE P		1.1 TITLE				Chang	e 🔲 Addition
NAME JOSE LUIS BERTRAN	Et .	1.2 NAME					f
STREET ADDRESS 1120 N.W. 124 PL.		1.3 STREET	ADDRESS				1
CITY-ST-ZIP MIAMI, FL. 33182		1.4 CITY-S	T-ZIP				
TITLE VP	☐ DELETE	2.1 TITLE	1			Chang	e 🔲 Addition
NAME ZAHIRA ECHEGARAY	i.	2.2 NAME					.
STREET ADDRESS 1120 N.W. 124 PL.		2.3 STREET	ľ				
CITY-ST-ZIP MIAMI, FL. 33182		2.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		<u></u>	
TIME		3.1 TITLE				Chang	e 🔲 Addition
NAME		3.2 NAME					
STREET ADDRESS	1)	3.3 STREET)				}
CITY-ST-ZIP		3.4. CITY-S	T- ZIP				
TITLE	· ·	4.1 TITLE	l			CT Chang	e 🏋 🖭 Addition
NAME		4. 2 NAME					**
STREET ADDRESS		4.3 STREET					
CITY-ST-ZIP		4.4 CITY-ST	r- ZIP			<u> </u>	- Clade-
TITLE ,		5.1 TITLE 5.2 NAME				Chang	e 🔲 Addition
NAME		5.3 STREET	ADDRESS			•	
STREET ADDRESS		5.4 CITY-ST					
CITY-ST-ZIP		6.1 TITLE				Clobert	Addition
MTLE NAME		6.2 NAME	}			Chang	e
NAME 1		6.3 STREET	ADORESS				ĺ
STREET ADDRESS	1	6.4 CITY OT	l				Ĺ

14. I 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 suppliemental 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 of 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 with all other like empowered.

SIGNATURE: SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

1/22/99

(305)207-9632

Daytime Phone #

CR2E034 (*