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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 04 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081094 (0)

J. C. GARCIA ENTERPRISES, INC.

16221 STATE ROAD 7 #106 DELRAY BEACH FL 33447		16221 STATE ROAD 7 #108 DELRAY BEACH FL 33448-2734						
					3. Date Incorporated or Qualified		e of Last R	Report
9 Dringing D	Place of Business	2a. Mailing Address			09/27/1996		Y (A	
	Tace of Duspless	n			4. FEI Number			oplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.	·····		65-0697234			ot Applicable
22		27			Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat 23		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Country	y	8. This corporation has liability for	intangible t	a <u>x</u> under s	i. 199.032,
24	25	29	30			Yes 🗡		
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New R	gistered A	gent	
	RCIA, JOSE C		81	Name				
16221 STATE ROAD 7 #106 82 Street Address (P.O. Box Number is Not Acceptable)							·····	•••
DEL	RAY BEACH FL 33447							
			83	1				
			84	City			85 Zip	Code
			"	City		FL	2 P	Odde
11. Pursuant	to the previsions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abov	e-named c	corporation submits this statement for the	purpose of	hanging i	ts registered
onice or r agent 1 a	registored agent, or both, in the State am familiar with, and accept the oblig	e of Fiorida. Such change was pations of, Section 607.0505, Fi	authorized b Iorida Statute	y tne corp: s.	oration's board of directors. I hereby acce	pt the appo	intment as	registered
SIGNATURE	, ,	,						
SIGNATURE	Signature, typical or printed name of registered as	jent and title if applicable (NO	TE: Registered Ag	ent signature r	equired when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE		☐ DELETE	1.1 TITLE	'	Provident/Director Jose C. García 16221 State Road 7 # Delray Beach, FL 33		Change	Addition
NAME			1.2 NAME	i	Tose Ci Garcia			
STREET ADDRESS			1.3 STREE	F ADDRESS	16 221 State Road 7 #	/06		
COTY ST. ZIP			1.4 CITY-	ST-ZIP	Delray Meach FL 330	147		
THE		DELETE 2.1				· · ·	Change	Addition
NAME	2.21		2.2 NAME	ļ				
STREET ADDRESS			2.3 STREE	ADDRESS				
CHT+ST-ZIP			2.4 CITY-					
TITLE			3.1 TITLE	-			Change	Addition
NAME			3.2 NAME	1			-	
STREET ADDRESS			3.3 STREET ADDRESS					
CITY ST ZIP			3.4. CITY -					
TITLE		DELETE	4.1 TITLE	V. LII			Change	☐ Addition
NAME		—	4. 2 NAME	1		•		
STREET ADGRESS			I	T ADDRESS				
CiTY - S1 - 7IP			4.4 CITY-					
TITLE	<u> </u>	DELETE	5.1 TITLE				Change	Addition
NAME		_	5.2 NAME			•		
STREET ADORESS				T ADDRESS				
CHY-SI-ZIP			5.4 CITY -					
TITLE		DELETE	6.1 TITLE	3174!!		······	Change	Addition
NAME						•	5.40.190	
STREET ADDRESS			6.2 NAME	T ADDRESS				
CHY-ST-ZIP	by certify that the information supplie	ad with this filing does not qual	6.4 CITY		ated in Section 119.07(3)(i), Florida Statuti	e I further	certify that	the
informatic	on indicated on this annual report or	supplemental annual report is	true and acc	urate and t	that my signature shall have the same leg aport as required by Chapter 607, Florida	al effect as	if made un	der oath: that i