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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000042606

J-N-B HARDWOOD FLOOR, CORP

## **FILED** Feb 09, 1999 8:00am Secretary of State 02-09-1999 90017 049 \*\*\*150.00



		Mailing Address							
9211 NW 121 ST HIALEAH GARDENS FL 33016-4218		9211 NW 121 ST HIALEAH GARDENS FL 33016-4218				OT WRITE IN THIS	SPACE		
					3. Date Incorporated or	Qualifed			7
					05/12/1997				1
2. Principal P	lace of Business	2a. Mailing Address			. 4. FEI Number		A	pplied For	- I
21		26			65-0328199	4	N	ot Applicable	73
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional	7 :
22	.,	27			5. Certifcate of Status D	esired		equired	-
City & Stat	e	City & State			6. Election Campaign Fi	inancing —	\$5.00	May Be	
23		28		•	Trust Fund Contributi	- 11	-	to Fees	
Zip	Country	Zip	<u> </u>		8. This corporation owe	s the current year Inta	naible		
24	25	29	30		Personal Property Ta		Yes	□No	
	9. Name and Address of Current		1991		10. Name and Address	of New Registered A	gent		
		,		Name		· ·			
DE L	OS REYES, BEATRIZ		ļ.,		(DOD N				4
	NW 121 ST		. [	32 Street Add	fress (P.O. Box Number is No	ot Acceptable)			
HIAL	EAH GARDENS FL 33016-4218		l <sub>i</sub>	33	1 2 49, 12 141 14		13 (.3)		7
÷ .									
			1	34 City			85 Zip	Code	
100 1 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to the provisions of Sections 607.0502	and 607 1508. Elerida Statu	ites the ab	we-named con	noration submits this stateme	nt for the numose of o	hanging its	registered	-
office or r	egistered agent, or both, in the State of	f Florida. Such change was :	authorized	by the corporati	ion's board of directors. I here	eby accept the appoin	tment as re	egistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fl	orida Statut	es.					
SIGNATURE		LEG VI. P. M.	T. D		ed when reinstating)	. DATE			١.
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	geni signatore reduir	ADDITIONS/CHANGE		DIRECTO	ORS IN 12	6
14.	OFFICEROAND	DITTEOTOR							
TITLE .	Ph	☐ DELETE	1.1 TITL	E	CONTRACTOR CONTRACTOR	***	Change	☐ Addition	1 3
TITLE	PD .	☐ DELETE	1.1 TITL		55-5978 019		Change	Addition	1
NAME	SOCORRO, JORGE	☐ DELETE	1.2 NAM	ε	85-5928 CB		Change	Addition	7
NAME STREET ADDRESS	SOCORRO, JORGE 9211 NW 121 ST		1.2 NAM 1.3 STR	E EET ADDRESS	85-5978 cc9		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SOCORRO, JORGE 9211 NW 121 ST HIALEAH GARDENS FL 33016-4	218	1.2 NAM 1.3 STR 1.4 CITY	E EET ADDRESS -ST-ZIP	85-6978 CB		<u> </u>	, <del>_</del>	7.700
NAME STREET ADDRESS CITY-ST-ZIP	SOCORRO, JORGE 9211 NW 121 ST HIALEAH GARDENS FL 33016-4: STD		1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL	EET ADDRESS -ST-ZIP	85-6978 CB		☐ Change	Addition	7.700
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SOCORRO, JORGE 9211 NW 121 ST HIALEAH GARDENS FL 33016-4: STD DE LOS REYES, BEATRIZ	218	1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	EET ADDRESS -ST-ZIP E	85-5978 CB		<u> </u>	, <del>_</del>	7.700
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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 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, with all other like empowered.

**SIGNATURE**