

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

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PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 NOV 30 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000075747  
1. Corporation Name

**JL TECHNICAL SUPPLIES, INC.**

Principal Place of Business	Mailing Address
4910 N.W. 79th AVE. # 104 MEDLEY, FL. 33166	4910 N.W. 79th AVE. # 104 MEDLEY, FL. 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	25	65-0781644	Not Applicable
22. Suite, Apt #, etc	27. Suite, Apt #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30

3. Date Incorporated or Qualified
9-02-97
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30
<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

RAMONA CORONADO  
7360 CORAL WAY  
SUITE 21  
MIAMI, FL. 33155

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

I, 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 607.0505, Florida Statutes.

SIGNATURE: *Ramona Coronado* DATE: 11-19-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE LARA	12 NAME	
STREET ADDRESS	4910 N.W. 79th AVE. STE. 104	13 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY, FL. 33166	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS PEREZ	22 NAME	300002705393-0
STREET ADDRESS	8249 S.W. 149th COURT #208	23 STREET ADDRESS	-12/08/98-01005-003
CITY-ST-ZIP	MIAMI, FL. 33193	24 CITY-ST-ZIP	****150.00 ****150.00
TITLE	P	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY D. BETANCOUR-SOCORRO	32 NAME	
STREET ADDRESS	1201 S.W. 139 PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33184	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 of the appointment with an address.

SIGNATURE: *[Signature]* DATE: 11-19-98