


FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 435785
1. Corporation Name
J.A.C. ENTERPRISES, INC.

(1)

Principal Place of Business
1815 N.E. 164TH STREET
NORTH MIAMI BEACH FL 33162

Mailing Address
1815 N.E. 164TH STREET
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified
11/30/1973

4. FEI Number
59-1497121

5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Applied For
Not Applicable
\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees
Yes No

9. Name and Address of Current Registered Agent
STRAUSS (RAY)
1500 N.E. 162ND ST.
N. MIAMI BEACH FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME CASTILLO, MIGDALIA
STREET ADDRESS 6780 W. 2ND COURT
CITY-ST-ZIP HIALEAH FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

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.

SIGNATURE: Migdalia B. Castillo
4-20-98 (305) 940-3811