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

PROFIT CORPORATION ANNUAL REPORT

1999



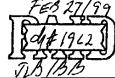
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 569250 1. Corporation Name

J. BALCELLS & CO., INC.



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

03-10-1999 90012 026 ***150.00

J. DIEGO			1 18250 TVB 1181	32	リ —									
Principal Place	e of Business	Mai	ling Address				Į							
1181 S. ALHAMBRA CIRCLE CORAL GABLES FL 33146			PO BOX 431112 SOUTH MIAMI FL 33243-1112						DO N	IOT WRI	TE IN THIS	S SPACE		
us us								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						\neg
								04/30/1	·	Qualifeu				
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For						
21			26					59-1822	2037			ı	lot Applicabl	e
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate		acirod		\$8.75	Additional	-
22			27					5. Cermone					Required	<u> </u>
City & State			City & State				ì	6. Election C	ampaign Fi	nancing			May Be	{
23			28					Trust Fund Contribution Added to Fees						-
Zip	Country		Zip Coui					8. This corporation owes the current year Intangible						
24	25	29		30					Property Ta			∐Yes	□No	\dashv
!	9. Name and Address of Curre	nt Registe	ered Agent		+			10. Name an	Address	of New F	Registered	Agent		
D41/	DELLO DIANO				81	Name								
	CELLS, BLANCA				82	Street	Addres	s (P.O. Box N	ımber is No	t Accepta	able)			
1181 S. ALHAMBRA CIRCLE			•											
COH	IAL GABLES FL 33146				83									
					84	City	-	,	•	· ·	FI	85 Zij	Code	
44 Pursuant	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Statute	es the	above	-named	cornora	tion submits t	his statemer	nt for the	DIMPOSE D	f changing i	ts registered	
office or n	egistered agent, or both, in the State	e of Florida	a. Such change was a	utnorize	a by	tne corp	oration's	s board of dire	ctors. I here	by accer	the appo	ointment as	registered	
agent. I a	m familiar with, and accept the oblig	ations of,	Section 607.0505, F10	rida Sta	tutes.									ĺ
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if	annlicable /NOTE	Registere	d Agen	t expansion	required w	hen reinstating)			DATE			1
12.	OFFICERS A			13		it signature			S/CHANGE	S TO OF		ND DIREC	ORS IN 12	\neg
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NAME	BALCELLS, JOSE LUIS			1.21	IAME							•		1
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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 on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: ___