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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 607872

(9)

J.P. AND ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address	· ·				, (0,0)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
215 W. HEATH MIAMI FL 3314		215 W. HEATHER DR. Miami FL 33149-1828									
							3. Date Incorporated or Qualified 01/25/1979		ate of Last R 17/1996	leport	
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number		Ar	oplied For	
21		26	·· • • • • • • • • • • • • • • • • • •				59-1933912			ot Applicable	
Suite, Apt 22		Suite, Apt. #, etc.	7				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23	o	City & State	-a '				Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip <b>24</b>	Country 25	Zip 29	30 Cot	untry	7		8. This corporation has liability for Florida Statutes		tax under s	199.032,	
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Re	gistered	Agent		
PAN	HAGUA, JULIO A.			81	Nan	ne					
215 W. HEATHER DR. MIAMI FL 33149				82	Stre	et Addre	ess (P.O. Box Number is Not Acceptab	ie)			
1418 4	Will 1 to 100 110			83			· · · · · · · · · · · · · · · · · · ·				
				84	City			FL	<b>85</b> Zip	Code	
CICNIATURE				_			oration submits this statement for the pon's board of directors. I hereby accept	ourpose of	t changing a	is registered registered	
12.	Signature, typed or printed name of registered at	ND DIRECTORS	13.		ent signa	iture require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE		DIRECTO!	PS IN 12	
TITLE	PD	DELETE	111				ADDITIONS/CHANGES TO OFFIC	JENS AN	Change	Addition	
NAME	PANIAGUA, JULIO A.	the second		IAME		- 1	•				
STREET ADDRESS	215 W. HEATHER DR.				t addre:	ss					
CITY-ST-ZIP	MIAMI FL		1		ST-ZIP	~ }				÷	
TITLE		☐ DELETE	211						Change	Addition	
NAME			221	IAMÉ							
STREET ADDRESS			2.3 5	TREE	T ADDRE	ss	<b>4</b> , 5				
CITY-SI-ZIP			2. 4	CITY -	ST-ZIP						
TITLE		DELETE	3.1 1	ITLE					Change	Addition	
NAME			3.2 N	IAME							
STREET ADDRESS			3.3 5	STREET	T ADDRE	ss					
CHY- ST- ZIP			3.4.	CITY-	ST-ZIP						
TITLE		☐ DELETE	4.1 1	ITLE					Change	Addition	
NAME			4.2	NAME							
STREET ADDRESS			4.3 9	STAEE	T ADDRE	SS					
CITY - ST - ZIP			4.4 (	HTY-	ST-ZIP				· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.11	ITLE		ĺ	·		☐ Change	Addition	
NAME			5.2 1	AME						ļ	
STREET ADDRESS			5.3 \$	STREE	T ADDRE	SS					
C(TY - ST - ZIP			5.4 (	HTY-	ST-ZIP						
TITLE		DELETE	6.11	ITLE					☐ Change	Addition	
NAME			6.21	NAME		- 1					
STREET ADDRESS			635	STREE	T ADDRE	SS					

14. I do 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

64 CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BEAUNG OFFICER OR DIRE

1/27/97 361-532"

**FILED** 

Feb 04 1997 8:00am

Secretary of State