

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90259 022 ***150.00

0129434

DOCUMENT # G62781

1. Corporation Name
J R LL CORPORATION

Principal Place of Business
174 EAST 47TH ST.
HIALEAH FL 33013

Mailing Address
174 EAST 47TH ST.
HIALEAH FL 33013



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1983

4. FEI Number

65-0011655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 191 East 44th Street

Suite, Apt. #, etc.

22

City & State

23 Hialeah, Florida

Zip

24 33013

Country

25 USA

2a. Mailing Address

26 191 East 44th Street

Suite, Apt. #, etc.

27

City & State

28 Hialeah, Florida

Zip

29 33013

Country

30 USA

9. Name and Address of Current Registered Agent

LLANES, PAOLA
174 EAST 47TH STREET
HIALEAH FL 33013-8842

10. Name and Address of New Registered Agent

81 Name

Llanes, Paola

82 Street Address (P.O. Box Number is Not Acceptable)

191 East 44th Street

83

84 City

Hialeah

FL

85 Zip Code
33013

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

Paola Llanes

4/23/99

President

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 P ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
LLANES, PAOLA
174 E. 47TH ST.
HIALEAH FL

TITLE T ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
LLANES, PAOLA
174 E. 47TH ST.
HIALEAH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Paola Llanes President ☒ Change ☐ Addition

1.2 NAME

Llanes, Paola

1.3 STREET ADDRESS

191 E. 44th Street

1.4 CITY-ST-ZIP

Hialeah, FL 33013

2.1 TITLE

T

2.2 NAME

Llanes, Paola

2.3 STREET ADDRESS

191 E. 44th Street

2.4 CITY-ST-ZIP

Hialeah, FL 33013

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

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:

Paola Llanes President

4/23/99

(305) 558-4630

Date

Daytime Phone #

CR2E034 (11/98)