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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 21 1997 8:00am

Secretary of State

(96/6) (96/6)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G81962

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J.G.R. & ASSOCIATES, INC.

appears in Block 12 or Block 13 if ch

SIGNATURE:

Principal Place of Business Mailing Address 2000 DOUGLAS RD 2000 DOUGLAS RD **STE 500** STE 500 **CORAL GABLES FL 33134** CORAL GABLES FL 33134-6125 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 11/28/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2389759 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 🗶 Yes 🔲 No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 **GONZALEZ-REBULL. JULIO** Name 2600 DOUGLAS RD. 82 Street Add **STE 500 B3 CORAL GABLES FL 33134** e 102 City Zip Code 33145 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered toth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of ared agent, or agent Lam imitiar with, and SIGNATURE (NOTE: Registered Agent signature required when reinstating) d litte ir applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AN DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE THE POZO, JUSTO LUIS NAME 1.2 NAME 7985 SW 173RD TERR 1.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 1.4 CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition TILLE 21 TITLE **GONZALEZ REBULL, JULIO J** 2.2 NAME NAME 8400 PONCE DE LEON RD. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CiTY-ST-ZIP DELETE Change Addition 4.1 TITLE THLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IF Addition DELETE 51 TITLE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIE Change Addition DELETE **6.1 TITLE** NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIF 14. I do hereby certily 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

nged, or on arrattachment with an address.