FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAR -1 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FILED
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H36430 (7)

1. Corporation Name

J. AMOR SIGN SERVICE INC.

Principal Place of Business	Mailing Address
4715 E 10TH CT HIALEAH FL 33013	4715 E 10TH CT HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2617668 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMOR, JOSE
530 SE 3 ST
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name: JOSE AMOR
82 Street Address (P.O. Box Number is Not Acceptable): 7991 W. 8 AVE.
83
84 City: HIALEAH FL 85 Zip Code: 33014

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	AMOR, JOSE	1.2 NAME		
STREET ADDRESS	4715 E 10TH CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	AMOR, VICENTE	2.2 NAME	JOSE AMOR	
STREET ADDRESS	4715 E 10TH CT	2.3 STREET ADDRESS	4715 E. 10 CT.	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	AMOR, MARTA	3.2 NAME	MARTA AMOR	
STREET ADDRESS	530 SE 3RD STREET	3.3 STREET ADDRESS	7991 W. 8 AVE.	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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 above or on an attachment with an address.

SIGNATURE: [signature] JOSE AMOR 2-23-95 828-2781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002010 CP