

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H68520** (6)
1. Corporation Name
JACO FOUNDATION



Principal Place of Business 8037 N.W. 54 STREET MIAMI FL 33166 US	Mailing Address 8037 NW 54 ST. MIAMI. FL. 33166 MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2645 W 52 PL Suite, Apt. #, etc. 22 City & State 23 Hialeah F Zip 24 33016 Country 25		2a. Mailing Address 26 PO Box 8138 Suite, Apt. #, etc. 27 City & State 28 Hialeah FL Zip 29 33012 Country 30		3. Date Incorporated or Qualified 07/22/1985	4. FEI Number 59-2639655 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution NO <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent JACOMINO, EDNA C. 8037 NW 54 ST MIAMI FL 33166				10. Name and Address of New Registered Agent 81 Name Edna C. JACOMINO 82 Street Address (P.O. Box Number is Not Acceptable) 2645 W 52 PL. 83 84 City Hialeah FL 85 Zip Code 33016			
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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 **Edna C. Jacomino** **Edna C. Jacomino, VP/S/T** DATE **2/8/98**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VST	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOMINO, EDNA C.			1.2 NAME			
STREET ADDRESS	2645 W. 52 PL.			1.3 STREET ADDRESS			
CITY - ST - ZIP	HIALEAH FL			1.4 CITY - ST - ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOMINO, ANTONIO M.			2.2 NAME			
STREET ADDRESS	2645 W. 52 PL.			2.3 STREET ADDRESS			
CITY - ST - ZIP	HIALEAH FL			2.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOMINO, GUSTAVO D.			3.2 NAME			
STREET ADDRESS	850 NW 33 AVE			3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOMINO, GUSTAVO, E			4.2 NAME			
STREET ADDRESS	2645 W 52 PL			4.3 STREET ADDRESS			
CITY - ST - ZIP	HIALEAH FL			4.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLASS, GLENDA			5.2 NAME			
STREET ADDRESS	6030 W 15 CT			5.3 STREET ADDRESS			
CITY - ST - ZIP	HIALEAH FL			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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.

SIGNATURE: **Edna C. Jacomino** **2/8/98** (305) 825-5224

CR2E034 (10/97)