

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H81745 (2)

1. Corporation Name
J.R.C.D., INC.



Principal Place of Business

100 NORTH BISCAYNE BOULEVARD
SUITE 1707
MIAMI FL 33131

Mailing Address

100 NORTH BISCAYNE BOULEVARD
SUITE 1707
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/21/1985

3a. Date of Last Report

01/31/1995

4. FET Number

59-2702247

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

10. Name and Address of New Registered Agent

BERGER, DAVID S
100 N. BISCAYNE BLVD.
STE. 1707
MIAMI FL 33132

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0503, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation (Signature required for all changes)

Signature of Registered Agent (Signature required for all changes)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
PC
ROMERO, JUAN
STREET ADDRESS
100 N BISCAYNE BLVD#1707
CITY-STATE-ZIP
MIAMI FL

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
D
ROMERO, JUAN
STREET ADDRESS
100 N BISCAYNE BLVD#1707
CITY-STATE-ZIP
MIAMI FL

2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
VT
ROMERO, MARIA ISABEL
STREET ADDRESS
100 N BISCAYNE BLVD 1707
CITY-STATE-ZIP
MIAMI FL

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
S
WALL, MARIA CIEMENCI
STREET ADDRESS
100 N BISCAYNE BLVD 1707
CITY-STATE-ZIP
MIAMI FL

4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
NAME
STREET ADDRESS
CITY-STATE-ZIP

7. TITLE
72 NAME
73 STREET ADDRESS
74 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
NAME
STREET ADDRESS
CITY-STATE-ZIP

8. TITLE
82 NAME
83 STREET ADDRESS
84 CITY-STATE-ZIP

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUAN ROMERO

01-23-96 8290344

CR2E034 (12/95)