

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

04-29-1999 90143 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H90365**

1. Corporation Name
JAMES F. FARRELL OF MIAMI, INC.

Principal Place of Business
 600 E. 25TH ST
 HIALEAH FL 33013
 US

Mailing Address
 600 E. 25TH ST
 HIALEAH FL 33013
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1985

4. FEI Number
59-2626753

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 **8230 SW 53 AV**

2a. Mailing Address
 26 **8230 SW 53 AV**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
MIAMI FLA

28 City & State
MIAMI FL

24 Zip
33143

25 Country
USA

29 Zip
33143

30 Country
USA

9. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
 2601 S. BAYSHORE DR.
 STE. 1600
 MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name
PAUL SALVER

82 Street Address (P.O. Box Number is Not Acceptable)
5881 NW 151st ST

83

84 City
MIAMI LAKES

85 Zip Code
FL 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 _____ DATE **5/10/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PSTD FARRELL, JAMES F
STREET ADDRESS		1.3 STREET ADDRESS	8230 SW 53 AV
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *James F. Farrell* **RECORDED** **4/24/99** **305 6674651**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JAMES F. FARRELL

CR2E034 (11/98)