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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K12144

(7)

FILED May 08 1997 8:00am Secretary of State

1. Corporation Name J.C. MAZAIRA & ASSOCIATES, INC. Principal Place of Business 16120 W. TROON CIR. MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014										
						3. Date Incorporated or 01/15/1988	Qualified	3a. Date 07/24/		eport
2. Principal F	Place of Business	2a. Ma	iling Address			4. FEI Number 65-0023239				plied For of Applicable
Suite, Apt	#, etc		ite, Apt. #, etc.	····		5. Certificate of Status D	esired			Additional
City & Stat	te		y & State		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Fil Trust Fund Contribution	•	П	\$5.00 Added	May 8e
7 ₁ p 4	Country 25	Zφ)	Coul	ntry	This corporation has I Florida Statutes	iability for in	tangible tax	under s	
*1	9. Name and Address of (d Acent	<u> 1301</u>		10. Name and Address				
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	120 W. TROON CIR.			1						
	AMI LAKES FL 33014			1	82 Street Ac	ddress (P.O. Box Number is No	i Acceptable	9)		
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				Į	84 City			FL ^{(*}	35 Zip (Code
Pyrsuant	to the provisions of Sections 66 registered agent, or both, in the	07.0502 and 607.1	508, Florida Statut	tes, the ab	ove-named co	orporation submits this stateme	nt for the pu	rpose of ch	anging it tment as	s registered registered
office or agent 1 a	am fam. lar with, and accept the	e obligations of, Se	Such change was ection 607.0505, Fi	authorized orida Stati	by the corpoutes.	ration's board of directors. I had		_		
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14. I do 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

SIGNATURE WIND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-97

305-558-2667

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