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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K20428

 Corporation 	n Name				•		
M. JURA	DO & ASSOCIATES, INC.						
					L SERVERSE DER ESDES BEREITE GEREITE FERREITE	KIN BARRIK BYRIN BAR	ILL BURK BURK IBRU
Principal Place of Business Mailing Address				-	1 (49) 51() E(2) 1911 90117 91919 11241 1917 914	III Gran Bran G.	
15632 SW 55TH TERR M. JURADO 8 ASSOCIATES					l		
MIAMI FL 33185 P O BOX 830925 US MIAMI FL 33283-7925					DO NOT WRITE IN TH	HIS SPACE	
02 MIMMI FL 33283-1923					3. Date Incorporated or Qualifed		
					04/06/1988		ļ
2. Principal Place of Business 2a. Mailing Address				···	4. FEI Number		Applied For
21		26			65:0040207		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	5 Additional
22		27			3, 00/11/04/05/05/05/05/05/05/05/05/05/05/05/05/05/		Required
- · · · · · · · · · · · · · · · · · · ·		City & State	y & State		6. Election Campaign Financing		May Be
23	Causto	28 Zip	Count		Trust Fund Contribution		d to Fees
Zip	Country	Zíp		ry	This corporation owes the current year Personal Property Tay	Intangible Yes	□No
24	25 25 O Name and Address of Current	29 Agent	30		Personal Property Tax. 10. Name and Address of New Registers		
9. Name and Address of Current Registered Agent 10. Name and Address of Ne							
JURA	ADO, MANUEL R		<u>_</u>	2 2	(D.O. Davidson in Net Accountable)		
	URADO & ASSOCIATES, INC.		•	2 Street A	Address (P.O. Box Number is Not Acceptable)		į
	32 SW 55TH TERRACE		8	3			
MAN	M FL 33185			of Oir		96 7	- Codo
			8	4 City	F		ip Code .
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	tes, the abo	ve-named o	corporation submits this statement for the purpose	of changing	its registered
office or re	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was a	authorized b	y the corpo	ration's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE		,			•		ĺ
- CIGITATIONE	Signature, typed or printed name of registered agen			jent signature re	quired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS DELETE		13.	——-т	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE	D HIDADO MANUEL D	☐ DECE IE	1.1 TITLE		JURADO, MANUEL R.	[_] Criany	te 🗀 Yourion
NAME	JURADO, MANUEL R.		1.2 NAME		15632 S.W. 55TH TERRA	A C E	
STREET ADDRESS				ET ADDRESS	MIAMI, FL 33185	ACĘ	
CITY-ST-ZIP	MIAMI FL	☐ DELETE	DELETE 2.1 TITLE		MIAMI, FL 33103	☐ Chang	e Addition
1	_ : -		2.2 NAME	- 1			
NAME				ET ADDRESS			
STREET ADDRESS	*		2.3 STRE				
TITLE			3.1 TITLE			Chang	e Addition
NAME	İ	_	3.2 NAME		•		, -
STREET ADDRESS	I		1	ET ADDRESS			
CITY-ST-ZIP	1		3.4, CITY				
TITLE		☐ DELETE 4.11		-		☐ Chang	e Addition
NAME	1		4. 2 NAM	Ε			
STREET ADDRESS	İ		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e
NAME			5.2 NAME	■		,	
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			Chang	je ∐ Addition j
NAME			6.2 NAME				
STREET ADDRESS	İ		6.3 STRE	ETADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MANUEL R. JURADO ED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99