

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 1:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K57647 (5)

1. Corporation Name

J.A.G. FINANCIAL CONSULTANTS, INC.

Principal Place of Business

**117 MAJORCA AVE EAST
CORAL GABLES FL 33134**

Mailing Address

**8585 NW 2ND TERR
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/05/1989

3a. Date of Last Report

04/22/1994

4. FEI Number

65-0115841

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARRANDES, JUAN A.
8585 N.W. 2ND TERRACE
MIAMI FL 33126**

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 607.0505, Florida Statutes.

SIGNATURE

Juan A. Garrandes President

4/15/95

DATE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PSD
GARRANDES, JUAN A.**

NAME

STREET ADDRESS

**8585 NW 2ND TERR
MIAMI FL**

CITY - ST - ZIP

TITLE

**VTD
GARRANDES, ELSA M.**

NAME

STREET ADDRESS

**8585 NW 2ND TERR
MIAMI FL**

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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31 TITLE

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33 STREET ADDRESS

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64 CITY - ST - ZIP

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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)(b), 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:

Juan A. Garrandes President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUAN A. GARRANDES

4/14/95
DATE

**(205)
444-8479**
TELEPHONE (Area #)