

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 19 1997 8:00am
Secretary of State

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 33126-8310**

2. Principal Place of Business

21 State Apt. # etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State Apt. # etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/05/1989

3a. Date of Last Report

04/08/1996

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0102 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

(NOTE: Registered Agent's signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	PSD	☐ DELETE
12.2 NAME	GARRANDES, JUAN A.	
12.3 STREET ADDRESS	8585 NW 2ND TERR	
12.4 CITY- ST- ZIP	MIAMI FL	
12.5 TITLE	VTD	☐ DELETE
12.6 NAME	GARRANDES, ELSA M.	
12.7 STREET ADDRESS	8585 NW 2ND TERR	
12.8 CITY- ST- ZIP	MIAMI FL	
12.9 TITLE		☐ DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY- ST- ZIP		
12.13 TITLE		☐ DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY- ST- ZIP		
12.17 TITLE		☐ DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY- ST- ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY- ST- ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY- ST- ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY- ST- ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY- ST- ZIP	

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 or changed, or on an attachment with an address.

SIGNATURE:

Juan A. Garrandes

Juan A. Garrandes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)