

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

FILED  
Aug 20 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1825 Ponce de Leon Blvd.  
Suite, Apt. #, etc.  
22 #310  
City & State  
23 Coral Gables FL  
Zip  
24 33134 Country  
25  
2a. Mailing Address  
26 1825 Ponce de Leon Blvd.  
Suite, Apt. #, etc.  
27 #310 (#310)  
City & State  
28 Coral Gables FL  
Zip  
29 33134 Country  
30

3. Date Incorporated or Qualified  
01/05/1989  
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  
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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)  
12320 SW 151 ST.  
83 #175  
84 City  
Miami FL 85 Zip Code  
33186

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE PSD  
NAME GARRANDES, JUAN A.  
STREET ADDRESS 8585 NW 2ND TERR  
CITY-ST-ZIP MIAMI FL  
TITLE VTD  
NAME GARRANDES, ELSA M.  
STREET ADDRESS 8585 NW 2ND TERR  
CITY-ST-ZIP MIAMI FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PSD  
1.2 NAME Garrandes Juan, A.  
1.3 STREET ADDRESS 12320 SW 151 Street #175  
1.4 CITY-ST-ZIP Miami FL 33186  
2.1 TITLE VTD  
2.2 NAME Garrandes, Elsa M.  
2.3 STREET ADDRESS 12320 SW 151 Street #175  
2.4 CITY-ST-ZIP Miami FL 33186  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE: Elsa M. Garrandes 8/10/98 (305) 444-8479

CR2E034 (5/98)