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 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L16617** **(7)**

1. Corporation Name
J.R. MENDEZ & SON, INC.

Principal Place of Business	Mailing Address
% JUAN MENDEZ 555 E. 33 ST. HIALEAH FL 33013	% JUAN MENDEZ 555 E. 33 ST. HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/19/1989**	3a. Date of Last Report: **04/20/1994**
4. FEI Number: **65-0206831**	☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. # or Rm.	27 Suite, Apt. # or Rm.
23 City & State	28 City & State
24 ZIP / 25 County	29 ZIP / 30 County

9. Name and Address of Current Registered Agent

MENDEZ, JUAN
555 E 33 ST
HIALEAH FL 33013

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 607.0502 and 607.0508, 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: X _____ 4/30/95
(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	D	1 Title	☐ Change ☐ Addition
1 Name	MENDEZ, JOSE J.	1 Name	
1 Street Address	555 E 33RD ST	1 Street Address	
1 City, St, ZIP	HIALEAH FL	1 City, St, ZIP	
2 Title	D	2 Title	☐ Change ☐ Addition
2 Name	MENDEZ, JUAN, R	2 Name	
2 Street Address	555 E 33RD ST	2 Street Address	
2 City, St, ZIP	HIALEAH FL	2 City, St, ZIP	
3 Title		3 Title	☐ Change ☐ Addition
3 Name		3 Name	
3 Street Address		3 Street Address	
3 City, St, ZIP		3 City, St, ZIP	
4 Title		4 Title	☐ Change ☐ Addition
4 Name		4 Name	
4 Street Address		4 Street Address	
4 City, St, ZIP		4 City, St, ZIP	
5 Title		5 Title	☐ Change ☐ Addition
5 Name		5 Name	
5 Street Address		5 Street Address	
5 City, St, ZIP		5 City, St, ZIP	
6 Title		6 Title	☐ Change ☐ Addition
6 Name		6 Name	
6 Street Address		6 Street Address	
6 City, St, ZIP		6 City, St, ZIP	

14. I/We hereby certify that the information supplied with this 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 with an asterisk (*) or on an attachment with an asterisk.

SIGNATURE: X _____ 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0083078 CP