

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L19947** (5)

1. Corporation Name

J. VASQUEZ & ASSOCIATES, INC.



Principal Place of Business

**101 WYMORE ROAD
SUITE 318
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**101 WYMORE ROAD
SUITE 318
ALTAMONTE SPRINGS FL 32714
US**

2. Principal Place of Business

21 2625-B WEST, S.R. 434

Suite, Apt. #, etc.

22

City & State

23 LONGWOOD, FL

Zip

24 32779

Country

25 USA

2a. Mailing Address

26 2625-B WEST, S.R. 434

Suite, Apt. #, etc.

27

City & State

28 LONGWOOD, FL

Zip

29 32779

Country

30 USA

3. Date Incorporated or Qualified

09/29/1989

3a. Date of Last Report

08/24/1995

4. FEI Number

59-2971221

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

**VASQUEZ, JOSUE F.
801 W S.R. 436 #2173
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3519 SALT LAKE CT

83

84 City

ORLANDO

FL

85 Zip Code

32810

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 the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**D
VASQUEZ, JOSUE F.
3519 SALT LAKE CT.
ORLANDO FL**

☐ DELETE

**D
VASQUEZ, JEANETTE
3519 SALT LAKE CT.
ORLANDO FL**

☐ DELETE

**D
VASQUEZ, JEANETTE
3519 SALT LAKE CT.
ORLANDO FL**

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ORLANDO FL**

☐ DELETE

**D
VASQUEZ, JEANETTE
3519 SALT LAKE CT.
ORLANDO FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-96

(407) 869-0909

CR2E034 (12/95)