## **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** 

DOCUMENT #

L32567

J.R. PICANOL, INC.

Principal Place of Business Mailing Address 14461 SW B3 ST 14461 SW B3 ST MIAMI FL 33183-3901 MIAM! FL 33183 3. Date Incorporated or Qualified 3a. Date of Last Report 11/29/1989 02/06/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0158795 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VEGA, ROBERT O. 14461 SW 83 ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33183** 83 84 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 farrillar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and trie if applicable (NO16: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE Change Addition THLE n 11 TITLE PICANOL, JAIME R. NAME 1.2 NAME 14461 SW 83 ST 1.3 STREET ADDRESS STREET ADORESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-DELETE Change Addition TILLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP COY-ST-26 DELETE ☐ Change Addition 3.1 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST-20F 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 DITY-ST-ZIP CHY-ST ZIP DELETE Change \_\_\_ Addition 5.1 TITLE THILE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS CITY-SI-7/2 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

> **6.3 STREET ADDRESS** 64 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 opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block

STREET ADDRESS

CITY-SI-ZIP

on an attachment with an address

**FILED** 

Apr 10 1997 8:00am

Secretary of State

Daytime Phone #