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95 JUL 13 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M23331** (5)

1. Corporation Name
JOSE A. VELEZ JR., INC.

Principal Place of Business	Mailing Address
C/O BOB INFELD 5801 BISCAYNE BLVD. MIAMI FL 33137	C/O BOB INFELD 5001 BISCAYNE BLVD. MIAMI FL 33137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/14/1985	3a. Date of Last Report 04/13/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 5650 SW 178th AVE	26 5650 SW 178th AVE	59-2604412	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23 FT. LAUDERDALE FL	City & State 28 FT. LAUDERDALE FL	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24 33331	Country 25 BROWARD	29 33331	30 BROWARD

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INFELD, BOB 5801 BISCAYNE BLVD. MIAMI FL 33176	01 Name JOSE A. VELEZ JR.
	02 Street Address (P.O. Box Number is Not Acceptable) 5650 SW 178th AVE
	03
	04 City FT. LAUDERDALE FL
	05 Zip Code 33331

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 JOSE A. VELEZ JR. *Jose A. Velez Jr. 7-1-95*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required, non-residing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, JOSE A. JR	1.2 NAME	
STREET ADDRESS	5200 HANCOCK RD.	1.3 STREET ADDRESS	5650 SW 178th AVE
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33331
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, KARLA S.	2.2 NAME	
STREET ADDRESS	5200 HANCOCK RD.	2.3 STREET ADDRESS	5650 SW 178th AVE
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33331
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	500001540135
STREET ADDRESS		3.3 STREET ADDRESS	-07/18/95--01080--012
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****225.00 ****225.00
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(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: JOSE A. VELEZ JR. *7-1-95*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Printer Name)
PREP.