**FILED** 

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90026 025 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M23331

1. Corporation Name

JOSE A. VELEZ JR., INC.

| Principal Place of Business   | Mailing Address     |          |             |           |  | 11 31311 31311 41311 FISH 1831 |  |
|---|---------------------|----------|-------------|-----------|--|--------------------------------|--|
| 5650 SW 178TH AVE. 5650 SW 178TH AVE. FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331   |                     |          |             |           | DO NOT WRITE IN THIS SPACE                             |                                |  |
|   | -                   |          |             | - :       | 23. Date Incorporated or Qualifed                      |                                |  |
|   |                     |          |             |           | 11/14/1985   |                                |  |
| 2. Principal Place of Business  | 2a. Mailing Address |          |             |           | 4, FEI Number  | Applied For                    |  |
| 21  | 26                  |          |             |           | 59-2604412   | Not Applicable                 |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc  | <u>.</u> |             |           | 5. Certificate of Status Desired                       | \$8.75 Additional              |  |
| 22  | 27                  |          |             |           | 5. Certificate of Status Desired                       | Fee Required                   |  |
| City & State  | City & State        |          |             |           | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be<br>Added to Fees |  |
| Zip Country   | Zip                 |          | Country     |           | 8. This corporation owes the current year Inta         | ngible                         |  |
| 24 25   | 29                  | 30       |             |           | Personal Property Tax.                                 | ☐ Yes ☐ No                     |  |
| 9. Name and Address of Curre  | nt Registered Agent |          |             |           | 10. Name and Address of New Registered A               | gent                           |  |
| VELEZ, JOSE A. JR.  |                     |          | 81          | Name      |  |                                |  |
| 5650 SW 178TH AVE.  |                     |          | 82          | Street Ad | ddress (P.O. Box Number is Not Acceptable)             | •                              |  |
| FT. LAUDERDALE FL 33331   |                     |          | 83          |           |  |                                |  |
|   |                     |          |             |           |  | 1                              |  |
|   |                     |          | 84          | City      | FL   | 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                     |          |             |           |  |                                |  |
| SIGNATURE   |                     |          |             |           |  | 3                              |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITION  |                     |          |             |           |  | DIDECTORS IN 42                |  |
| TITLE PD  | ND DIRECTORS        |          | 13.         |           | ADDITIONS/CHANGES TO OFFICERS AND                      | Change Addition                |  |
| NAME VELEZ, JOSE A. JR  | - DCTT              |          | 1.2 NAME    |           |  | - Average                      |  |
| FOEO ON ATOTU AUE   |                     |          | 1.3 STREET  | ADDRESS   |  |                                |  |
| ET LAUDEDDALE EL 00004  |                     | 1        | 1.4 CITY-ST | j         |  |                                |  |
| TITLE   | ☐ DELE              |          | 2.1 TITLE   | - ZIP     |  | Change Addition                |  |
| NAME  |                     |          | 2.2 NAME    | -         | •  | <b>-</b> • -                   |  |
| STREET ADDRESS  |                     |          | 2.3 STREET  | ADDRESS   |  |                                |  |
| CiTY-ST-ZIP   |                     |          | 2.4 CITY-S  | 1         |  |                                |  |
| TITLE   | ☐ DELETE            |          | 3.1 TITLE   |           |  | ☐ Change ☐ Addition            |  |
| NAME  |                     | 3        | 3.2 NAME    | ŀ         |  |                                |  |
| STREET ADDRESS  |                     | _        | 3.3 STREET  | ADDRESS   |  |                                |  |
| CITY-ST-ZIP   |                     |          | 3.4. CITY-S |           |  | •                              |  |
| TITLE   | ☐ DELE              |          | 11 TITLE    |           |  | Change Addition                |  |
| NAME  |                     | 4        | . 2 NAME    |           |  |                                |  |
| STREET ADDRESS  |                     | 4        | .3 STREET   | ADDRESS   |  |                                |  |

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 of 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

Change

☐ Addition

Addition