## 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 # M24347**

Corporation Name
 J & LC AUTO SERVICE, INC.

Principal Place of Business

C/O JORGE CASTELLANOS

Mailing Address

C/O JORGE CASTELLANOS 13273 N.W. 1ST LANE FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90126 039 \*\*\*150.00



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| MIAM) FL 33182 |  | MIAMI FL 33182   |                                      | DO NOT WRITE IN THIS SPACE |  |             |                  |                |
|----------------|--|--|--------------------------------------|----------------------------|--|-------------|------------------|----------------|
|                | and the second second  |  |                                      | The second second          | 12/09/1985   |             | - Company        |                |
| 2 Principal P  | lace of Business   | 2a. Mailing Address  |                                      |                            | 4. FEI Number  |             | $\neg \neg \neg$ | Applied For    |
| 21             | .==• •   | 26   |                                      |                            | 59-2614625   |             | <u> </u>         | Not Applicable |
| Suite, Apt.    | #, etc.  | Suite, Apt. #, etc.  |                                      |                            | _  |             |                  | Additional     |
| 22]            |  |  |                                      |                            | 5. Certifcate of Status Desired  |             |                  | Required       |
| City & Stat    | e  | City & State   |                                      |                            | 6. Election Campaign Financing   |             | \$5.0            | 0 May Be       |
| 23             |  | 28   | -                                    |                            | Trust Fund Contribution  | <u> </u>    | Adde             | d to Fees      |
| Zip            | Country  | Zip  | Countr                               | у                          | 8. This corporation owes the current   | year Inta   | •                | _              |
| 24             | 25   |  | 30                                   |                            | Personal Property Tax.   |             | ☐ Yes            | □No            |
|                | 9. Name and Address of Curre   | nt Registered Agent  |                                      |                            | 10. Name and Address of New Reg  | istered A   | Agent            |                |
| CAS            | TELLANO, LEONOR  |  | 8                                    | 1 Name                     |  |             |                  |                |
|                | O MEMORIAL HWY   |  | 8:                                   | 2 Street Add               | fress (P.O. Box Number is Not Acceptable   | ,)          |                  |                |
|                | TH MIAMI FL 33161-3942   |  |                                      |                            |  |             |                  |                |
| 11011          |  |  | 8                                    | 3                          |  |             |                  |                |
|                |  |  | 8                                    | 4 City                     |  |             | 85 Zij           | p Code         |
|                |  |  |                                      |                            |  | <u>FL</u>   |                  |                |
|                | egistered agent, or both, in the State<br>m familiar with and accept the obliga- | of Florida. Such change was aut<br>itions of, Section 607.0505, Florid | t <del>horized"b</del><br>da Statute | y the corporat<br>s.       | poration submits this statement for the pur<br>fon's board of directors. I hereby accept the | ie appoin   | itment as        | registered     |
| SIGNATURE      | Signature, typed or printed name of registered age                               | nt and title if applicable. (NOTE: F                                   | Registered Ag                        | ent signature requir       | red when reinstating)  | DATE        |                  |                |
| 12.            | OFFICERS AI  | ND DIRECTORS   | 13.                                  |                            | ADDITIONS/CHANGES TO OFFIC   | ERS AN      | D DIRECT         | TORS IN 12     |
| πιε            | PD   | ☐ DELETE   | 1.1 TITLE                            |                            |  |             | ☐ Change         | e 🔲 Addition   |
| NAME           | CASTELLANO, LEONOR   |  | 1.2 NAME                             | 1                          |  |             |                  |                |
| STREET ADDRESS | 13273 N.W. 1ST LANE  |  | 1.3 STRE                             | ET ADDRESS                 |  |             |                  |                |
| CITY-ST-ZIP    | MIAMI FL 33182   |  | 1.4 CITY-                            | ST-ZIP                     |  |             |                  |                |
| TITLE          | TD   | ☐ DELETE   | 2.1 TTLE                             |                            |  |             | ☐ Change         | e 🔲 Addition   |
| NAME           | CASTELLANO, JORGE L  |  | 2.2 NAME                             | 1                          |  |             |                  |                |
| STREET ADDRESS | 13273 N.W. 1ST LANE  |  | 2.3 STRE                             | ET ADDRESS                 |  |             |                  |                |
| CITY-ST-ZIP    | MIAMI FL 33182   |  | 2. 4 CITY-                           |                            |  | ,           |                  |                |
| TITLE          | SD   | ☐ DELETE   | 3.1 T/TLE                            |                            |  |             | Change           | e              |
| NAME           | CASTELLANO, EDUARDO  |  | 3.2 NAME                             | · •                        |  |             |                  |                |
| STREET ADDRESS | 13273 NW 1ST LANE  |  | 3.3 STRE                             | ET ADDRESS                 |  |             |                  |                |
| CITY-ST-ZIP    | MIAMI FL 33182   |  | 3.4. CITY-                           | ST-ZIP                     |  |             | C) Chana         | e              |
| TITLE          |  | ☐ DELETE   | 4.1 TITLE                            |                            |  |             | Change           | e 🗀 Addition   |
| NAME           |  | والمنطوعين يبت مساوين  | 4. 2 NAME                            |                            |  | -           |                  |                |
| STREET ADDRESS | <u> </u>   |  | 1                                    | ET ADDRESS                 |  |             |                  |                |
| CITY-ST-ZIP    |  | ☐ DELETE   | 4.4 CITY-                            | ST-ZIP                     |  |             | ☐ Change         | e Addition     |
| TITLE          |  | C Deceie   | 5.1 TITLE<br>5.2 NAME                |                            |  |             | . Criangi        |                |
| NAME           |  |  |                                      | ET ADDRESS                 |  | •           |                  |                |
| STREET ADDRESS | •  |  | 5.4 CITY-                            |                            |  |             |                  |                |
| CTT:/ ST-ZIP   | !  | DELETE   | 6.1 TITLE                            | 31-2 <b>1</b>              |  |             | ☐ Change         | e 🔲 Addition   |
| IIIŒ           |  |  | 6.2 NAME                             |                            |  |             |                  | - []/\doi\doi\ |
|                | ,  |  |                                      | ET ADDRESS                 |  |             |                  |                |
| ADDRESS        |  |  | 6.4 CITY-                            |                            |  |             |                  |                |
| ST ZIP         | L  |  | 0.4 GIY-                             | 31-414                     |  | <del></del> |                  |                |

14. I hereby certify that the information supplied with this filling 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, by on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/wigg

Døytime Phone #