

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Barbara B. Morrison  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M29542 (1)**

1. Corporation Name  
**J.A.C. PRODUCTS, CORPORATION**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**J.A.C. PRODUCTS CORP  
19350 NW 7 ST  
PEMBROKE PINES FL 33029  
US**

Mailing Address  
**J.A.C. PRODUCTS CORP  
19350 NW 7 ST  
PEMBROKE PINES FL 33029  
US**

3. Date Incorporated or Qualified  
**03/26/1986**

3a. Date of Last Report  
**05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2687668		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COMANDARI, JOSE ANTONIO 19350 NW 7 ST PEMBROKE PINES FL 33029</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
		<b>FL</b>					

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 filer

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>COMANDARI, JOSE ANTONIO</b>	12 NAME					
STREET ADDRESS	<b>19350 NW 7 ST</b>	13 STREET ADDRESS					
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>	14 CITY - ST - ZIP					
TITLE	<b>D</b>	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>GATICA DE COMANDARI, E.</b>	22 NAME					
STREET ADDRESS	<b>19350 NW 7 ST</b>	23 STREET ADDRESS					
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>	24 CITY - ST - ZIP					
TITLE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		32 NAME					
STREET ADDRESS		33 STREET ADDRESS					
CITY - ST - ZIP		34 CITY - ST - ZIP					
TITLE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY - ST - ZIP		44 CITY - ST - ZIP					
TITLE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY - ST - ZIP		54 CITY - ST - ZIP					
TITLE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY - ST - ZIP		64 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: Eleana Comandari 4/24/95 (305) 437-0123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR