

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90054 044 ***150.00

DOCUMENT # 1. Corporation Name	M29542
J.A.C. PRODUCTS, C	ORPORATION

 Corporation 	n Name				}			
J.A.C. PI	RODUCTS, CORPORATION							
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Principal Place	e of Business	Mailing Address			113010011101111111111111111111111111111		,	
J.A.C. PRODUC	TS CORP	J.A.C. PRODUCTS COR	}P					
19350 NW 7 ST		19350 NW 7 ST			DO NOT WRITE IN THIS SPACE			
PEMBROKE PINES FL 33029		PEMBROKE PINES FL :	PEMBROKE PINES FL 33029		3. Date Incorporated or Qualified			
US		บจ			03/26/1986		ļ	
5 Orleand Of	lane of Business	2a. Mailing Address			4. FEI Number	- App	lied For	
	lace of Business	26			59-2687668		Applicable	_
21 Suite, Apt.	# etc.	Suite, Apt. #, etc.		·		\$8.75 A	ditional	
22		27			5. Certificate of Status Desired	Fee Req	vired	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 _{-N}	Aay Be	_
23	,	28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year int		-]	
24	25	29	30		Personal Property Tax.		JNo	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
				81 Name				
	MANDARI, JOSE ANTONIO			82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	SO NW 7 ST			<u></u>				
PEM	Broke Pines FL 33029			83			ĺ	
				B4 City		85 Zip Co	ode	
					FL	- I	egistered	
11. Pursuant	to the provisions of Sections 607.0502 edistand egent, or both, in the State 0	and 607.1508, Florida St f Florida, Such change wa	atutes, the a as authorized	bove-named con toy the corpora	rporation submits this statement for the purpose of ition's board of directors. I hereby accept the appoi	intment as regi	stered	
11. Pursuant i office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 607.1508, Florida St f Florida, Such change wa ons of, Section 607.0505,	atutes, the a as authorized Florida Stat	bove-named co to the corpora utes.	rporation submits this statement for the purpose or tion's board of directors. I hereby accept the appoi	intment as regi	slered	
11, Pursuant office or nagent. I as					rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appointment of the purpose	intment as regi	l	~
SIGNATURE	Signature, typed or primed name of registered agent	and title if applicable. (A	VOTE: Registered	bove-named co to by the corporal utes.	ired when reinstating) DATE		l	(98)
SIGNATURE	Signature, typed or primed name of registered agent OFFICERS AND	and title if applicable. (A	OTE: Registered	Agent signature requi			l	(11/98)
SIGNATURE 12.	Signature, typed or primed name of registered agent OFFICERS AND	and title if applicable. (ADDIRECTORS	OTE: Registered	Agent signature requi	ired when reinstating) DATE	ND DIRECTOR	l	34 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or primed name of registered agent OFFICERS AND PD COMANDARI, JOSE ANTONIO	and title if applicable. (ADDIRECTORS	13.	Agent signature requi	ired when reinstating) DATE	ND DIRECTOR	l	E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND PD COMANDARI, JOSE ANTONIO 19350 NW 7 ST	and title if applicable. (ADDIRECTORS	13. 1.1 TI 1.2 No 1.3 SI	Agent signatura requi	ired when reinstating) DATE	ND DIRECTOR	S IN 12	:R2E034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or primes name of registered agent OFFICERS AND PD COMANDARI, JOSE ANTONIO 19350 NW 7 ST PEMBROKE PINES FL	and title if applicable. (ADDIRECTORS	13. 1.1 TI 1.2 No 1.3 SI 1.4 CI	TLE AME TREET ADDRESS TY-ST-ZIP	ired when reinstating) DATE	ND DIRECTOR	l	CR2E034 (11/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND OMANDARI, JOSE ANTONIO 19350 NW 7 ST PEMBROKE PINES FL O	and title if applicable. (A) DIRECTORS DELETE	13. 1.1 TI 1.2 No 1.3 SI 1.4 CI	TLE AME IREET ADDRESS TY-ST-ZIP TLE	ired when reinstating) DATE	ND DIRECTOR	S IN 12	CR2E034 (11/98)
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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 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, with all other like empowered.

SIGNATURE: _

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