

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

CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M45759 (1)

1. Corporation Name

J.M.C. OF HIALEAH, INC.

Principal Place of Business

Mailing Address

16035 NW 57 AVENUE
MIAMI LAKES, FLORIDA 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/30/1987	3a. Date of Last Report 04/26/95
4. FEI Number 59-2761337	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRALERO, JORGE
1745 W 76 STREET
HIALEAH, FL 33014

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

May 15th., 1996

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	☐ Change ☐ Addition
NAME	CARRALERO, JORGE	1.2 NAME	
STREET ADDRESS	1745 W 76 STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 33014	1.4 CITY - ST - ZIP	
TITLE	D/S	2.1 TITLE	☐ Change ☐ Addition
NAME	CARRALERO, MAGDA I.	2.2 NAME	
STREET ADDRESS	1745 W 76 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 33014	2.4 CITY - ST - ZIP	
TITLE	D/VP	3.1 TITLE	☐ Change ☐ Addition
NAME	CARRALERO, ANGELA	3.2 NAME	
STREET ADDRESS	556 E 11th. STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 33010	3.4 CITY - ST - ZIP	
TITLE	D/T	4.1 TITLE	☐ Change ☐ Addition
NAME	CARRALERO, RAFAEL	4.2 NAME	
STREET ADDRESS	556 E 11th. STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH, FL 33010	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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***225.00

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 119.07(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/96

Date

(305) 625-2525

Daytime Phone #