FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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
16035NW 57 AVENUE MIAMI LAKES FL 33014	16035NW 57 AVENUE MIAMI LAKES FL 33014

3. Date Incorporated or Qualified: 01/30/1987
3a. Date of Last Report: 06/12/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

CARRALERO, JORGE
1745 W. 76 ST.
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name: CARRALERO JORGE
82 Street Address (P.O. Box Number is Not Acceptable): 16363 SEGOVIA SOUTH CIRCLE
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33331

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 _____ DATE
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	CARRALERO, JORGE		1.2 NAME	CARRALERO JORGE
STREET ADDRESS	1745 W. 76 ST.		1.3 STREET ADDRESS	16363 SEGOVIA SOUTH CIRCLE
CITY-ST-ZIP	HIALEAH FL 33014		1.4 CITY-ST-ZIP	PEMBROKE PINES FLA. 33331
TITLE	DS	☐ DELETE	2.1 TITLE	DS ☒ Change ☐ Addition
NAME	CARRALERO, MAGDA		2.2 NAME	CARRALERO MAGDA
STREET ADDRESS	1745 W. 76 ST.		2.3 STREET ADDRESS	16363 SEGOVIA SOUTH CIRCLE
CITY-ST-ZIP	HIALEAH FL 33014		2.4 CITY-ST-ZIP	PEMBROKE PINES FLA. 33331
TITLE	DVP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARRALERO, ANGELA		3.2 NAME	
STREET ADDRESS	556 E 11TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARRALERO, RAFAEL		4.2 NAME	
STREET ADDRESS	556 E. 11TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED 4-27-97 222-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0516900