

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

16035NW 57 AVENUE
MIAMI LAKES FL 33014

Mailing Address

16035NW 57 AVENUE
MIAMI LAKES FL 33014



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

3. Date Incorporated or Qualified 01/30/1987	3a. Date of Last Report 08/12/1996
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	

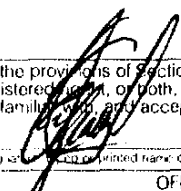
9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

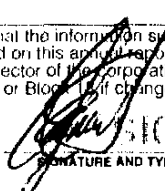
81 Name CARRALERO JORGE	85 Zip Code 33331
82 Street Address (P.O. Box Number is Not Acceptable) 16363 SEGOVIA SOUTH Circle	
83 City Pembroke Pines FL	

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:  (NOTE: Registered Agent signature required when reinstating) DATE

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	

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

4-27-97 227-2100
Date Daytime Phone #

0516900

CR2E034 (9/96)