FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700003611

J.C. FOR YOUTH ACTIVITY INC.

Principal Place	e of Business	IV	Iailing Address				'			
14141 26TH STREET MIAMI FL 33175 14141 26TH STREET MIAMI FL 33175										
2. Principal P	lace of Business	2a	- Mailing Address				3. Date Incorporated or Qualifed 06/23/1997		<u> </u>	
21		26						· 1 .		
Suite, Apt.	#, etc.	L	Suite, Apt. #, etc.				4. FEI Number APPLIED FOR		plied For	
22		27					AFFLIED FOR		ot Applicable	
City & Stat	e	$oxed{igspace}$	City & State				5. Certificate of Status Desired	\$8.75 / Fee Re	I	
23		28								
	Country	ļ	Zip		ıntry		6. Election Campaign Financing		May Be	
24	25	29		30			Trust Fund Contribution	Added	to Fees	
	9. Name and Address of Currer	t Regi	stered Agent		0.4	<u>.</u>	10. Name and Address of New Registered	Agent		
					81	Name	TPLLO CLARA H.			
PORRY, CLARA M			82 Street Ad			Street Addr	ress (P.O. Box Number is Not Acceptable)			
14141 26TH STREET			Ĺ			1415	11 SW 26th STREET			
MIAMI FL					83				٠.	
					84	City , ,		85 Zip	Code	
					-	1 1/1	poration submits this statement for the purpose of		Code 3/7V	
SIGNATURE	Signature, typed or printed name of registered age			TE: Registered	Ager	nt signature require	/-20/9 d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	<u> </u>	ORS IN 12	
TITLE	D OFFICERS AN	U DIK	DELETE	1,1 71	TLE	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
	SANCHEZ, CRISTOBAL			1.2 N			•			
NAME	14141 26TH STREET					T ADDRESS	·	. ,	i	
STREET ADDRESS	MIAMI FL 33175				ITY-S	ļ	•		ļ	
CITY-ST-ZIP			☐ DELETE	2.1 Π		1-21		☐ Change	Addition	
TITLE	D COMMAN CARLOS E			2.2 N						
NAME	ORAMAS, CARLOS E					T ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL 33175		☐ DELETE	3.1 T		ST-ZIP		Change	Addition	
TITLE	D CONTALO A			3.1 N				_ •		
NAME OTDEET ADDRESS	VALDES, GONZALO A 14141 26TH STREET					T ADDRESS		-	.	
STREET ADDRESS	MIAMI FL 33175					ST-ZIP			← .	
CITY-ST-ZIP TITLE	D		☐ DELETE	4.1 Ti				Change	Addition	
NAME	GANIVET, FERNANDO J			1	NAME					
STREET ADDRESS						TADDRESS				
CITY-ST-ZIP	MIAMI FL 33175			i i		T-ZIP				
TITLE	0		DELETE	5.1 T	$\overline{}$			Change	☐ Addition	
NAME	PINTO, JOSE		<i>/</i>	5.2 N			•			
STREET ADDRESS	AAAAA AATII OTOEET			5.3 S	TREE	TADORESS	•			
CITY-ST-ZIP	MIAMI FL 33175					ST-ZIP		*		
TITLE	MIN WILL I C GOTT O		☐ DELETE	6.1 T	TLE			Change	Addition	
NAME				6.2 N	IAME					

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, 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:

STREET ADDRESS

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90094 008 ****61.25