

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**APPROVED
AND
FILED**

97 APR 30 AM 11:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000011517 (9) 14

1. Corporation Name
JORGE & SON CORP.



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145	Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511
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2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt #, etc.	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt #, etc.	3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 05/01/1996
22 # 200 City & State	27 # 200 City & State	4. FEI Number 65-0390245	Applied For Not Applicable
23 MIAMI FLORIDA Zip 24 33145	28 MIAMI FLORIDA Zip 29 33145	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Country 25 US	Country 30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY #200 MIAMI FL 33145		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: *[Signature]* **AMADA CANTERA LOPEZ, PRES** **4/23/97**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTILES, JORGE J	1.2 NAME	
STREET ADDRESS	2485 W FLAGLER ST	1.3 STREET ADDRESS	200002163482--7
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	-05/02/97--01074--018
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	***165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTILES, ELENA	2.2 NAME	
STREET ADDRESS	2485 W FLAGLER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

AP 4/30

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **4/23/97**

SIGNATURE AND TITLE, PRINTED NAME, FILING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)