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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000010274 (7)

**DOCUMENT #** 1. Corporation Name

J.C.C.G., INC.

Mailing Address Principal Place of Business

7421 S.W. 66TH ST.

7421 S.W. 66TH ST.



| MIAMI FL 33143                     |   | MIAMI FL 33143                     |            |   |  |   |               |                     |
|------------------------------------|---|------------------------------------|------------|---|--|---|---------------|---------------------|
|                                    |   |                                    |            |   | 3. Date Incorporated or Qualified 02/10/1993                                     | 3a. Date o  | 28/19         | 95                  |
| 2. Principal Place of Business     |   | 2a. Mailing Address                |            | 4. FEI Number   |  | Applied For   |               |                     |
|                                    |   | 26                                 |            |   | 65-0391444   |   |               | Not Applicable      |
| Suite, Apt. #, etc.                |   | Suite, Apt. #, etc.                | 1          |   | 5. Certificate of Status Desired   | Certificate of Status Desired Sa.75 Additional Fee Required |               |                     |
| City & State                       |   | City & State                       |            |   | Election Campaign Financing Trust Fund Contribution                              |   |               | May Be<br>d to Fees |
| 1                                  | Country<br>25   | Zip <b>29</b>                      | 30         | intry   | 8. This corporation has liability for in Florida Statutes Yes                    | ntangible tax   | under s       | 199.032,            |
| l                                  | lame and Address of Current   |                                    | 1901       | T   | 10. Name and Address of New R  | egistered A   | gent          |                     |
|                                    |   |                                    |            | 81 Name   |  |   |               |                     |
| LITMAN, NEAL S<br>2000 S DIXIE HWY |   |                                    |            | 82 Street Address (P.O. Box Number is Not Acceptable) |  |   |               |                     |
| SUITE 101                          | 11144   |                                    |            | 83  |  |   |               |                     |
| MIAMI FL 3310                      | 33  |                                    |            | 84 City   |  | FL  | 85 Z          | ip Code             |
|                                    |   |                                    |            | <u> </u>  | ation submits this statement for the pured of directors. I berefy accept the ann | , ,   |               |                     |
| familiar with, and<br>ICNATURE     | accept the obligations of, Section to the object of production of the section of | n 607,0505, Florida Stalute        | :s.        | d Agent signature require                             | d of directors. I hereby accept the app  | DATE  |               |                     |
|                                    | OFFICERS AND  |                                    | 13.        | ) Agric Signal are require                            | ADDITIONS/CHANGES TO OFF   | ICERS AND   | DIRECTO       | ORS IN 12           |
| LE D                               | 01110210111   | DELETE                             | 1 1        | TITLE   |  |   | <b>Change</b> | ☐ Addition          |
|                                    | RNANDEZ, GEORGE L   |                                    | 121        | LAME  |  |   |               |                     |
| <b>I</b>                           | 21 SW 66 ST   |                                    | 1.3 9      | THEFT ADDRESS   |  |   |               |                     |
| HY-SI-ZP MV                        | AMI FL 33143  |                                    | 1.40       | CITY-ST-ZIP   |  |   |               |                     |
| ltf <b>D</b>                       |   | ☐ DELETE                           | 2 1        |   |  | L   | ] Change      | Addition            |
| 1                                  | RNANDEZ, CAROLYN B  |                                    | 1          | NAME  |  |   |               |                     |
|                                    | 21 SW 66 ST   |                                    |            | STREET ADDRESS  |  |   |               |                     |
|                                    | AMI FL 33143  | DELETE                             |            | TITLE   |  |   | ] Change      | Addition            |
| IILS                               |   | <b>&gt;</b>                        |            | NAME  |  |   | -             | <del>_</del>        |
| AME<br>TREET ADORESS               |   |                                    |            | STREET ADDRESS  |  |   |               |                     |
| TY-ST-ZP                           |   |                                    |            | DITY-ST-ZIP   |  |   |               |                     |
| 17LF                               |   | ☐ DELETE                           |            | TITLE   |  |   | ] Change      | Addition            |
| IAPAE                              |   |                                    | 4.21       | NAME  |  |   |               |                     |
| THEE LADGRESS                      |   |                                    | 43         | STREET ADDRESS  |  |   |               |                     |
| ITY ST-ZIP                         |   |                                    |            | CITY-ST-ZIP   |  |   | 7 Change      | Addition            |
| IILi                               |   | ☐ DELETE                           |            | TITLE   |  | L   | 7 Curanile    | ☐ Managan           |
| IAME                               |   |                                    |            | NAME  |  |   |               |                     |
| THEFT ADDRESS                      |   |                                    | 1          | STREET ADDRESS  |  |   |               |                     |
| DITY ST ZIP                        |   | ☐ DELETE                           |            | CITY-ST-ZIP<br>TITLE                                  |  |   | Change        | Addition            |
| LIT, F<br>VAME                     |   | D become                           |            | NAME  |  | _   | -             |                     |
| STREET ADDRESS                     |   |                                    |            | STREET ADDRESS  |  |   |               |                     |
|                                    |   |                                    | 6.4        | CITY - ST. 7IP  |  |   |               |                     |
| 14. I do hereby certi              | fy that the information supplied  | with this filing is voluntarily fu | mished and | does not qualify                                      | for the exemption stated in Section 116 ate and that my signature shall have the | 9.07(3)(k), Flo   | rida Stat     | utes. I further     |

certify that the information indicated on this applicance on this applicance of supplemental annual report is true and accurate and that my signature shall have the same against a frace under oath; that I am an officer or director of the colorogation 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, of one attachment with an address.

SIGNATURE:

George L. Hemandes