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

PROFIT CORPORATION • ANNUAL RÉPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000010274 (7)

J.C.C.G., INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



7421 S.W. 66* MIAMI FL 331		7421 S.W. 66TH ST. MIAMI FL 33143				
MINNI PL 301	-3	MIMMI FL 33143		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified		
				02/10/1993		
_ ^:	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	SE IST AUE		DS AUE	65-0391444	Not Applicable	
	178 705	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	~ /	City & State	_	6. Election Campaign Financing	\$5.00 May Be	
23 11 6		28 MIAMI	+(Trust Fund Contribution	Added to Fees	
Zip 24 33 i	Country	Zip	Country	8. This corporation owes or has paid the cu		
24 251			OADE		Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 1.TMAN NEAL C 81 Name						
A THUMAN GEAL O				Trans		
2000 \$ DIXIE HWY SUITE 101						
MIAMI FL 33133			83			
			84 City		85 Zip Code	
FL 10 25 35 1						
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, typed or punited name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	Signature, typed or printed name of registered agen OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature	required when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	HERNANDEZ, GEORGE L		1.2 NAME		pg change realisti	
STREET ADDRESS	7421 SW 66 ST		1.3 STREET ADDRESS	21 SE IST AVE SUITE	705	
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZIP	MIAMI, FL 33	121	
TITLE	D	DELETE	2.1 TITLE	1114111 1 2 33	- Change	
NAME	HERNANDEZ, CAROLYN B		2.2 NAME			
STREET ADDRESS	7421 SW 66 ST		2.3 STREET ADDRESS	21 SE 1ST AUE SUITE	705	
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-ST-ZIP	MIAMI EL 33131	_	
TITLE		☐ DELETE	3.1 TITLE	1	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP		1	
TITLE		DELET E	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP		ŀ	
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 STY-ST-ZIP			
14. I hereby o	ertity that the information supplied with	n the filing does not qualify for t	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information	

. Thereby certify that the information supplied with the filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual eport is true and accurate and having 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 of the corporation or the receiver of the corporation of the corporation