

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90186 005 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000010274**

1. Corporation Name  
**J.C.C.G., INC.**



Principal Place of Business  
**210 S E 1ST AVENUE  
 SUITE 705  
 MIAMI FL 33131  
 US**

Mailing Address  
**6931 S W 108TH AVENUE  
 MIAMI FL 33173  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/10/1993**

4. FEI Number  
**65-0391444**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

**LITMAN, NEAL S  
 2000 S DIXIE HWY  
 SUITE 101  
 MIAMI FL 33133**

I, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS      |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |          |
|---------------------------------|---|---|----------|
| TITLE                           | NAME  | 1.1 TITLE   | 1.2 NAME |
| <input type="checkbox"/> DELETE | <b>D<br/>HERNANDEZ, GEORGE L<br/>21 S E 1ST AVENUE, STE 705<br/>MIAMI FL 33131</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |
| <input type="checkbox"/> DELETE | <b>D<br/>HERNANDEZ, CAROLYN B<br/>21 S E 1ST AVENUE, STE 705<br/>MIAMI FL 33131</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |
| <input type="checkbox"/> DELETE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |
| <input type="checkbox"/> DELETE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |
| <input type="checkbox"/> DELETE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |
| <input type="checkbox"/> DELETE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |
| <input type="checkbox"/> DELETE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |
| <input type="checkbox"/> DELETE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |
| <input type="checkbox"/> DELETE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |          |

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 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)