

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000010837 (1)
 1. Corporation Name
J. DURAN FORNS, CORP.

Principal Place of Business
**2228 S.W. 57TH COURT
 MIAMI FL 33155**

Mailing Address
**2228 S.W. 57TH COURT
 MIAMI FL 33155**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

g. Name and Address of Current Registered Agent

**FORNS, JAME D
 2228 S.W. 57TH COURT
 MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Not Permitted)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1506, Florida Statutes, the chairman or the corporation, officer or director, or both, in the State of Florida, such as was authorized by the corporation, board of directors, hereby accepts appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0406, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	FORNS, JAME D	
STREET ADDRESS	2228 S.W. 57TH COURT	
CITY- ST- ZIP	MIAMI FL 33155	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MADONADO, ROSEMARY D	
STREET ADDRESS	2228 S.W. 57TH COURT	
CITY- ST- ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MALDONADO, CARMEN I DURAN	
STREET ADDRESS	2228 S.W. 57TH COURT	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> ADD
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> ADD
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> ADD
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> ADD
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

FILED
 APR 15 AM 8:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date of preparation of this report: **02/05/1993**
- 4. FEIN Number: **65-0416883** Applied For (Not Applicable)
- 5. Corporation of State: **\$8.75** Add Initial Fee Required
- 6. Election of Corporate Form: **\$5.00** May Be Added to Fees
- 8. Has corporation ever been reported in current year for unpaid Personal Property Tax under Sec 311 [] Yes [] No
- 10. Name and Address of New Registered Agent

30000010837-01
 -04/23/99 -01014--012
 ****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exempt status under Section 1390A of the Florida Statutes. I further certify that the information indicated on this annual report or supplemental filing report is true and correct, and that my signature thereon, in the same capacity, is not made and is not to be made by an officer or director of the corporation or the receiver or trustee appointed to liquidate this report or report by the Division of Corporations, and that my signature appears on Block 12 or Block 13 if changed or on an attachment with no affidavit.

SIGNATURE: *James Duran*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-98

CR2E034 (10/97)

