

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 25 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000012951 (8)

1. Corporation Name

J.A. SALES, INC.

Principal Place of Business

46 SW FIRST STREET  
4TH FLOOR  
MIAMI FL 33130

Mailing Address

46 SW FIRST STREET  
4TH FLOOR  
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/01/1993  
3a. Date of Last Report 03/28/1994

4. FEI Number 65-0395147  
Applied For Not Applicable

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 has liability for intangible tax under s. 199.042, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

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9. Name and Address of Current Registered Agent

COHEN, GARY P  
46 SW FIRST STREET  
4TH FLOOR  
MIAMI FL 33130

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

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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PS  
2. NAME TUCCI, JACQUELINE  
3. STREET ADDRESS 4801 POLK ST  
4. CITY, ST, ZIP HOLLYWOOD FL  
5. TITLE V  
6. NAME TUCCI, ANTHONY H  
7. STREET ADDRESS 4801 POLK ST  
8. CITY, ST, ZIP HOLLYWOOD FL  
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 115.07(3)(b), 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 and changed, or as an attachment with an address.

SIGNATURE:

*Anthony H. Tucci*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95  
Date

305-961-1856  
Telephone Number