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

PROFIT CORPORATION ANNUAL REPORT 1997



Sandra B, Monham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000016153 (7)
JARCOL, INC.

Principal Place of Business

8285 N.W. 84TH ST.

Mailing Address

6655 NW 174TH LANE

FILED Jun 09 1997 8:00am Secretary of State



BAY 2 MIAMI FL 33166	MIAMI FL 33015-4480			3. Date Incorporated or Qualified 03/03/1993	3a. Date of Last Re 03/01/1996	pod
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		plied For
1 6656 NW 174th LANE				65-0394039) +	L Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				□ \$8.75 A	
2	27			5. Certificate of Status Desired	Fee Re	
City & State MEAMI FL	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip Country	Zip	Country		8. This corporation has liability for i	intangible tax under s	199.032.
4 33015 25 USA	29	30		Florida Statutes	¥Yes ☐ No	
9. Name and Address of Current F	legistered Agent			10. Name and Address of New Re	gistered Agent	
SANDOVAL, ALBERTO M		81	Name T	RAMILLO, FERA	IANDO	
8285 N.W. 64TH ST.		82	Street Add	ess_fP.O. Box Number is Not Acceptab)(n)	
BAY 2			66	ess (P.O. Box Number & Not Acceptable	LANE	
MIAMI FL 33188		83				
*		84	City 🔥	4-0-4-	85 Zip (Code
· • *			10	IAMI.	- FL 3) 3	3015
1. Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent, I am familiar with, and accept the obligation	nd 1:07-4508, Florida Statu Florida Suxti change was ins (f. Section 607.0505, F	ites, the above authorized by forida Statutes	e-named corp the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	ourpose of changing it of the appointment as	s registered registered
SIGNATURE FORM	- terno	rugo	Jaro	WW 110	76-01-97	
			nt signature requi	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	19710	C IN 12
	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition
IADALMILIO PEDALALIDO					□ Anange	ROUND
ASSE MODIFICATION SATUROTOR	T RAV 2	12 NAME	********			
AMANALEI DO COO	I, DAI E	13 STHFFT				
CITY-ST-ZIP WILAMI FL 33 100	DELETE	1.4 CHY-S 2.1 TITLE	1-78		Change	Addition
	- Detect	22 NAME			Ondingo	
NAME		23 STREET	ADDIDECO			
STREET ADDRESS						
DITY-ST-ZIP	DELF TE	2. 4 CITY - 5 3.1 TITLE	51-217		Change	Addition
	Otto it	3.2 NAME	•		Change	
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STREET ADDRESS						
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() the		4. 2 NAME				
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····-			ADDRESS			
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STREET ADORESS CITY-ST-ZIP TITLE NAME	☐ DELETE	4.3 STREET 4.4 CITY - S 5.1 THLE 5.2 NAME	31 - 71P		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	4.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS		☐ Change	Addition
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