FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000022020 (0)**

1. Corporation Name

J. J. CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
14719 S.W. 112TH TERR. MIAMI FL 33196 US	14719 S.W. 112TH TERR. MIAMI FL 33196 US

3. Date Incorporated or Qualified: **03/24/1993**
3a. Date of Last Report: **06/26/1995**
4. FEI Number: **65-0400812** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALVAREZ, JOSE J
14719 S.W. 112TH TERR.
MIAMI FL 33196

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 _____ DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	ALVAREZ, JOSE J	
STREET ADDRESS	14719 S.W. 112TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TLE		☐ Change ☐ Addition
1 ME		
1 REET ADDRESS		
1 Y-ST-ZIP		
2 TLE		☐ Change ☐ Addition
2 ME		
2 REET ADDRESS		
2 Y-ST-ZIP		
3 TLE		☐ Change ☐ Addition
3 ME		
3 REET ADDRESS		
3 Y-ST-ZIP		
4 TLE		☐ Change ☐ Addition
4 ME		
4 REET ADDRESS		
4 Y-ST-ZIP		
5 TLE		☐ Change ☐ Addition
5 ME		
5 REET ADDRESS		
5 Y-ST-ZIP		
6 TLE		☐ Change ☐ Addition
6 ME		
6 REET ADDRESS		
6 Y-ST-ZIP		

14. I do hereby certify that the information indicated on this 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 if changed or on an attachment with an address.

SIGNATURE: _____ April 20 305-3809578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)