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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000054472 (4)

J.C. LANDSCAPING, INC.

**FILED** May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 (E3(123) 119 13140 11(1) 30(1) 43(1) 30(1)	#1111 #1#11 #1 <b>#</b> 11 1	16016 1101 1361
227 NW 56		227 NW 56 AVE	227 NW 56 AVE					
MIAMI FL 3	3128	MIAMI FL 33126	MIAMI FL 33126		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
ļ						07/30/1993		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		[26]	26			65-0428635	No	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	*	Additional
22		27				C, Commodic or Clarifo Decree		equired
City & State	9	City & State	<u></u>			6, Election Campaign Financing	\$5.00	
Zip	Country	28	Zip Country			Trust Fund Contribution	Added	
24	25	29	30	<u> </u>		<ol> <li>This corporation owes or has paid the corporation owes or has paid the corporation.</li> </ol>		No
24	9. Name and Address of Cu		1301	4		10. Name and Address of New Registered		~~~
A	BELLA, ANA			81	Name			
	27 NW 56 AVE			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	IAMI FL 33126			02	Street Add	ress (F.O. DOX Number is Not Acceptable)		
				83			•	
				84	City		85 Zip	Code
						FI	<u> </u>	
11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, 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, type of or printed name of payment and takent applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	R\$ IN 12
TITLE	PVST	☐ DELETE	1.1 TI	TLE			Change	Addition
NAME	ABELLA, ANA		1.2 N	AME.				
STREET ADDRESS					ADDRESS			
CITY-ST-ZiP	MIAMI FL 33126 D	DLLETE	1.4 CITY		T-7IP		Change	Addition
TITLE NAME	ABELLA, ANA		TE 2.1 TITLE 2.2 NAME				C Change	☐ YOU!!!O!!
STREET ADDRESS	227 NW 56 AVE			2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126		2 4 CI					
TITLE	THE THE TENTE	DELETE	3.1 TiTLE		, <u> </u>		Change	Addition
NAME			3.2 NAME		1			
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS			ŀ
CITY-ST-ZIP			3.4. C	3.4. CITY-ST-ZIP				
TITLE	DELETE		4 1 Ti	4 1 TITLE			Change	Addition
NAME	NAME		4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS			
CITY-\$T-ZIP			4.4 CI		T-ZIP			7 ( 2222
TITLE		☐ DELETE	5.1 Tr				☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS	iS			5.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	<u> </u>			5.4 CITY-ST-ZIP			Change	☐ Addition
NAME				6.1 TITLE 6.2 NAME			CT Ollarige	AVVI(IOI)
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 CI					ļ
0111-01-21			0.4 G	1173	1 211			

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in