

FILE NOW: FILING FEE AFTER MAY 1 IS \$50.00

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moynihan</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000084601 (2)**

1. Corporation Name

**J & C GENERAL SERVICES, INC.**

Principal Place of Business

**3507 NW 179 STREET  
MIAMI FL 33056**

Mailing Address

**3507 NW 179 STREET  
MIAMI FL 33056-3421**



2. Principal Place of Business		2a. Mailing Address	
21 <b>1515 NW 167 STREET</b>	26 <b>1515 NW 167 STREET</b>		
22 Suite, Apt. #, etc. <b>1105</b>	27 Suite, Apt. #, etc. <b>1105</b>		
23 City & State <b>MIAMI FL</b>	28 City & State <b>MIAMI FL</b>		
24 Zip <b>33169</b>	29 Zip <b>33169</b>	30 Country	

3. Date Incorporated or Qualified <b>12/10/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0461068</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AVILA, ANTONIA M  
3507 NW 179 STREET  
MIAMI FL 33056**

10. Name and Address of New Registered Agent

81 Name **JOSE A. PACHECO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1515 NW 167 STREET**  
83 **SUITE 1105**  
84 City **MIAMI** FL 85 Zip Code **33169**

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

*Jose A Pacheco* **Jose A Pacheco**

**04-18-97**

(Signature typewritten or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AVILA, ANTONIA M</b>	1.2 NAME	<b>JOSE A. PACHECO</b>
STREET ADDRESS	<b>3507 NW 179 STREET</b>	1.3 STREET ADDRESS	<b>1515 NW 167 STREET SUITE 1105</b>
CITY - ST - ZIP	<b>MIAMI FL 33056</b>	1.4 CITY - ST - ZIP	<b>MIAMI FL 33169</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose A Pacheco* **Jose A Pacheco** **04-18-97 (305) 620-6839**

Date

Daytime Phone #

0142805

CR2E034 (9/96)